SCHERER DRIVE, L.L.C.

Principal Place of Business 3340 SCHERER DRIVE

CONTINENTAL COMMERCE CENTER 3340 SCHERER DRIVE, Ste. "A"
ST PETERSBURG FL 33716-1013

فكنتهد 😓 🚉

ST PETERSBURG FL 33716

APPROVED Ailn FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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2. Principal Place of Business		3. Mailing Address	3. Mailing Address		I BUSHI BBILI BULKI URKIL UBIL	(B DJ(B) (DIB) (
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State	City & State		Number Applied For X Not Applicable			
Zip	Country	Zip	Country	5. Certificate of Status Desired				
	6. Name and Address of Curi	rent Registered Agent	Namo	7. Name and Address of New Registered Agent Name				
CACCHAN	J AI AN C							
GASSMAN, ALAN S 1245 COURT STREET			Street Addre	reet Address (P.O. Box Number is Not Acceptable)				
STE 102	SIII OIIILLI	•		-				
CLEARWATER FL 33756			City		FL	Zip Code	·	
8. The above	named entity submits this stateme		its registered office or region	<u> </u>	te of Florida.			
	* .	EII E I	NOW!!! FEE IS \$50.0	00			ļ	
		i e e e e e e e e e e e e e e e e e e e	Payable to Departmen					
9.	MANAGING MEMBERS/MEMBERS		10.	ADDITIONS/CHANGES				
TITLE	WILLJERR LIMITED PARINERSHIP Delete		TITLE NAME	. Change		Addition		
NAME STREET ADDRESS (3340 Scherer Drive "MGRM"		STREET ADDRESS	i				
CITY-ST-ZIP	St. Petersburg, FL 33716		CITY-8T-ZIP	<u> </u>				
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Gerald Gehrand, Trustee of Gerald Gehrand Living Trust, General

CITY-8T-ZIP

STREET ADDRESS

CITY-81-ZIP

TITLE NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

MAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Delete

Partner

Change

Addition

Daytime Phone #