

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000006990**

1. Entity Name

GUNNING ENTERPRISES, L.L.C.

Principal Place of Business

**8187 LAKEVIEW DRIVE
PALM BEACH GARDENS FL 33412**

Mailing Address

**4262 NORTH LAKE BLVD.. PMB #143
PALM BEACH GARDENS FL 33410**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1010347

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GUNNING, JOHN R
8187 LAKEVIEW DRIVE
WEST PALM BEACH FL 33412**

Name
John A. Turner, Esq.

Street Address (P.O. Box Number is Not Acceptable)
515 North Flagler Drive

Suite 600

City
West Palm Beach

FL

Zip Code
33401

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-26-01

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GUNNING, JOHN R
8187 LAKEVIEW DRIVE
WEST PALM BEACH FL 33412** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

John R. Gunning

1/23/01

561-622-0374

FILED

01 JAN 29 AM 8:24

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)