

2003 LIMITED LIABILITY COMPANY 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

7868 Fairway Lane

Suite, Apt. #, etc.

3. Mailing Address

7868 Fairway Lane

Suite, Apt. #, etc.

City & State

West Palm Beach, Florida

City & State

West Palm Beach, Florida

Zip

33412

Country

U.S.

Zip

33412

Country

U.S.

6. Name and Address of Current Registered Agent

TURNER, JOHN A ESQ
515 NORTH FLAGLER DR.
SUITE 600
WEST PALM BEACH FL 33401

4. FEI Number 65-1010347

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

FILED

03 JAN 16 AM 11:08

SECRETARY OF STATE



7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

600010153086

01/16/03--01033--009 **50.00

9. MANAGING MEMBERS/MANAGERS

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

TITLE NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME
MGRM GUNNING, JOHN R. ☒ Change ☐ Addition
STREET ADDRESS
7868 FAIRWAY LANE
CITY-ST-ZIP
WEST PALM BEACH, FL 33412

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

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

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

TITLE NAME
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STREET ADDRESS
CITY-ST-ZIP

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

M THOMAS

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.

SIGNATURE: SIGNATURE REQUIRED

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

1/13/03

561/630-5248

Date

Daytime Phone #

CR2E083 (10/02)