


FILED
Apr 09, 2007 8:00 am
Secretary of State

[illegible]

DOCUMENT # M02000002009

1. Entity Name
GULFSTREAM CROSSING, LLC



04-09-2007 90351 044 ****50.00

Principal Place of Business
1515 RINGLING BLVD. #880
SARASOTA, FL 34236

Mailing Address
1515 RINGLING BLVD. #880
SARASOTA, FL 34236

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip
Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip
Country

01042007 Chg-LLC CR2E083 (12/06)

4. FEI Number
22-3861631

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MENKE, FRANK III
2524 OSPREY AVE-S
SARASOTA, FL 34239

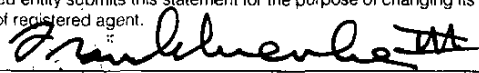
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
1515 Ringling Blvd., #880

City
Sarasota FL Zip Code
34236

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  3/29/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
MENKE, FRANK III
1515 RINGLING BLVD., 3880
SARASOTA, FL 34236

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  3/29/07

Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #