

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 10, 2004 08:00 AM
Secretary of State

DOCUMENT # M03000003748

1. Entity Name
GULL LEASING, LLC



Principal Place of Business
140B N. ONE DR.
SAINT AUGUSTINE, FL 32095

Mailing Address
140B N. ONE DR.
SAINT AUGUSTINE, FL 32095

DO NOT WRITE IN THIS SPACE



03032004No Chg-LLC

CR2E083 (10/03)

4. FEI Number
20-0329022

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEINERS, LOUIS M JR
200 AVIATION DRIVE, SUITE 2
NAPLES, FL 34104

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$30.00
Due by May 1, 2004**

U000000083752
03/10/04-80052-012 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MCCUMBER, GARY M
140B N. ONE DR.
SAINT AUGUSTINE, FL 32095

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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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.

SIGNATURE:

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

Gary M. McCumber, Mgr

3/3/04

Date

(904) 823-1900

Daytime Phone #