

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000001190

**Entity Name:** STEVE GAINZ LC

**Current Principal Place of Business:**

10110 KING OAK DRIVE  
RIVERVIEW, FL 33569

**Current Mailing Address:**

PO BOX 949  
RIVERVIEW, FL 33568-0949 US

**FEI Number:** 59-3758855

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

GILLIS, JOHN  
10110 KING OAK DRIVE  
RIVERVIEW, FL 33569 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MANAGING MEMBER
Name	GILLIS, STEVE	Name	GILLIS, JOHN S
Address	P.O. BOX 949	Address	10110 KING OAK DRIVE
City-State-Zip:	RIVERVIEW FL 33568	City-State-Zip:	RIVERVIEW FL 33569

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOHN S GILLIS

**MANAGING MEMBER**

**04/30/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date