

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000000202

**Entity Name:** GINA M. COLLEY, LLC

**Current Principal Place of Business:**

565 DEER POINTE ROAD  
WEST CHESTER, FL 19382

**Current Mailing Address:**

565 DEER POINTE ROAD  
WEST CHESTER, FL 19382

**FEI Number:** 01-0569490

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 MGRM  
Name COLLEY-HOLGATE, GINA MMGRM  
Address 565 DEER POINTE ROAD  
City-State-Zip: WEST CHESTER PA 19382

*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:** GINA COLLEY-HOLGATE

MGMR

03/28/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date