

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000038663

**Entity Name:** GUSTKE HOLDINGS, LLC

**Current Principal Place of Business:**

C/O JAMES W. GOODWIN  
201 N. FRANKLIN STREET, SUITE 2000  
TAMPA, FL 33602

**Current Mailing Address:**

C/O JAMES W. GOODWIN  
201 N. FRANKLIN STREET, SUITE 2000  
TAMPA, FL 33602

**FEI Number:** 33-1074020

**Certificate of Status Desired:** No

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

GOODWIN, JAMES W  
201 N. FRANKLIN STREET  
SUITE 2000  
TAMPA, FL 33602 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           | MGR                                      |
| Name            | GUSTKE, KENNETH A                        | Name            | GUSTKE, MARDALE M                        |
| Address         | 201 NORTH FRANKLIN STREET,<br>SUITE 2000 | Address         | 201 NORTH FRANKLIN STREET,<br>SUITE 2000 |
| City-State-Zip: | TAMPA FL 33602                           | City-State-Zip: | TAMPA FL 33602                           |

*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:** KENNETH A. GUSTKE

MGR

04/20/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date