

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000102840

**Entity Name:** GUNN FAMILY HOLDINGS, LLC

**Current Principal Place of Business:**

4350 PABLO PROFESSIONAL COURT  
SUITE 200  
JACKSONVILLE, FL 32224

**Current Mailing Address:**

4350 PABLO PROFESSIONAL COURT  
SUITE 200  
JACKSONVILLE, FL 32224

**FEI Number:** 20-3660841

**Certificate of Status Desired:** No

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

GUNN, MARSHALL DJR.  
4350 PABLO PROFESSIONAL COURT  
SUITE 200  
JACKSONVILLE, FL 32224 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            MGMR  
Name            GUNN, MARSHALL DJR  
Address        4350 PABLO PROFESSIONAL COURT  
                 SUITE 200  
City-State-Zip: JACKSONVILLE FL 32224

Title            MGRM  
Name            GUNN, MARSHALL DIII  
Address        4350 PABLO PROFESSIONAL COURT  
                 SUITE 200  
City-State-Zip: JACKSONVILLE FL 32224

*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:** MARSHALL D. GUNN, JR.

**PRESIDENT**

**02/15/2014**

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

\_\_\_\_\_  
Date