

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000012770

**Entity Name:** MICHAEL GASSMAN LLC

**Current Principal Place of Business:**

1022 AUTUMN BREEZE DR.  
ST. AUGUSTINE, FL 32092

**Current Mailing Address:**

1022 AUTUMN BREEZE DRIVE  
ST. AUGUSTINE, FL 32092 US

**FEI Number:** 86-1159162

**Certificate of Status Desired:** No

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

GASSMAN, MICHAEL A  
1022 AUTUMN BREEZE DRIVE  
ST. AUGUSTINE, FL 32092 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 GASSMAN, MICHAEL A  
Address 1022 AUTUMN BREEZE DRIVE  
City-State-Zip: ST. AUGUSTINE FL 32092

*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:** MICHAEL A. GASSMAN

MGRM

01/22/2016

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

\_\_\_\_\_  
Date