

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000008145

**Entity Name:** GIFFORD FAMILY LLC

**Current Principal Place of Business:**

603 NORTH JEFFERSON AVENUE  
SARASOTA, FL 34237

**Current Mailing Address:**

P.O. BOX 1515  
SARASOTA, FL 34230

**FEI Number:** 22-3953060

**Certificate of Status Desired:** No

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

GIFFORD, WILLIAM J  
603 NORTH JEFFERSON AVENUE.  
SARASOTA, FL 34237 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  
Name GIFFORD, WILLIAM  
Address 603 NORTH JEFFERSON AVENUE  
City-State-Zip: SARASOTA FL 34237

Title MGR  
Name CROWLEY, NANCY  
Address 603 NORTH JEFFERSON AVENUE  
City-State-Zip: SARASOTA FL 34237

Title ST  
Name GIFFORD, WILLIAM  
Address 603 NORTH JEFFERSON AVENUE  
City-State-Zip: SARASOTA FL 34237

*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:** GIFFORD, WILLIAM J.

MGR

01/06/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date