

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000009426

**Entity Name:** GATOR GRADING & PAVING, LLC**Current Principal Place of Business:**2704 105TH STREET E  
PALMETTO, FL 34221**Current Mailing Address:**2704 105TH STREET EAST  
PALMETTO, FL 34221 US**FEI Number:** 20-8670315**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HICKS, WILLIAM K  
2704 105TH STREET EAST  
PALMETTO, FL 34221 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:** WILLIAM K HICKS

02/03/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MANAGER  
Name HICKS, WILLIAM K  
Address 4552 TUSCANA DRIVE  
City-State-Zip: SARASOTA FL 34241

Title AUTHORIZED MEMBER  
Name GATORGAP, INC.  
Address 2704 105TH STREET EAST  
City-State-Zip: PALMETTO FL 34221

Title AUTHORIZED MEMBER, MANAGER  
Name HICKS, WILLIAM E  
Address 4513 CHINKAPIN DRIVE  
City-State-Zip: SARASOTA FL 34232

Title AUTHORIZED MEMBER  
Name BAIER, GREGORY P  
Address 2627 W. PROSPECT ROAD  
City-State-Zip: TAMPA FL 33629

Title AUTHORIZED MEMBER  
Name SAMPHILIPO, MARK R  
Address 352 165TH CT NE  
City-State-Zip: BRADENTON FL 34212

Title AUTHORIZED MEMBER  
Name VENTRIGLIA, MARK A  
Address 6703 28TH AVE. E  
City-State-Zip: BRADENTON FL 34208

Title AUTHORIZED MEMBER  
Name LINDA JEANNE HICKS REVOCABLE  
TRUST U/A/D DECEMBER 5, 2022  
Address 4552 TUSCANA DR  
City-State-Zip: SARASOTA FL 34241

Title AUTHORIZED MEMBER  
Name WILLIAM K HICKS REVOCABLE  
TRUST U/A/D SEPTEMBER 30, 2022  
Address 4552 TUSCANA DR  
City-State-Zip: SARASOTA FL 34241

*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:** MARK SAMPHILIPO**CONTROLLER**

02/03/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date