

2024 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

01/12/2024

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 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

Continues on page 2

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**

01/12/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title	AUTHORIZED MEMBER
Name	WILLIAM EDWARD HICKS REVOCABLE TRUST U/A/D JUNE 6, 2023
Address	4513 CHINKAPIN DRIVE
City-State-Zip:	SARASOTA FL 34232