

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000008873

**Entity Name:** GULF COAST CONFECTIONERY, LLC**Current Principal Place of Business:**9903 GULF COAST MAIN STREET, SUITE 160  
FORT MYERS, FL 33913**Current Mailing Address:**9903 GULF COAST MAIN STREET, SUITE 160  
FORT MYERS, FL 33913**FEI Number:** 26-4158062**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WICKER, JOHN M  
12670 NEW BRITTANY BLVD., SUITE 101  
FORT MYERS, FL 33907 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	MEKHAEL INVESTMENTS, LLC
Address	4120 SW 28TH PLACE
City-State-Zip:	CAPE CORAL FL 33914

Title	MGRM
Name	CANUSA-INVEST, LLC
Address	4120 SW 28TH PLACE
City-State-Zip:	CAPE CORAL FL 33914

Title	DPS
Name	JOVANOVIC, INGRID
Address	4120 SW 28TH PLACE
City-State-Zip:	CAPE CORAL FL 33914

Title	DVT
Name	MEKHAEL, KAMAL
Address	4120 SW 28TH PLACE
City-State-Zip:	CAPE CORAL FL 33914

*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:** INGRID JOVANOVIC**PRESIDENT****02/24/2015**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date