

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000056699

**Entity Name:** G.E.A.R. SHOP LLC

**Current Principal Place of Business:**

5133 102ND STREET N.  
SAINT PETERSBURG, FL 33708

**Current Mailing Address:**

5133 102ND STREET N.  
SAINT PETERSBURG, FL 33708

**FEI Number:** 27-0378545

**Certificate of Status Desired:** No

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

TYSON, NICHOLAS J  
5133 102ND STREET N  
SAINT PETERSBURG, FL 33708 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                       | Title           | MGR                   |
| Name            | TYSON, NICHOLAS J         | Name            | LEWIS, KEITH T        |
| Address         | 5133 102ND STREET N.      | Address         | 5818 TANGERINE AVE S. |
| City-State-Zip: | SAINT PETERSBURG FL 33708 | City-State-Zip: | GULFPORT FL 33707     |

*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:** KEITH LEWIS

**MANAGER**

**01/30/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date