

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000118041

**Entity Name:** WILLIAM A. GANSERT "LLC"

**Current Principal Place of Business:**

26709 LOSTWOODS CIRCLE  
BONITA SPRINGS, FL 34135

**Current Mailing Address:**

26709 LOSTWOODS CIRCLE  
BONITA SPRINGS, FL 34135

**FEI Number:** 27-1189667

**Certificate of Status Desired:** Yes

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

GANSERT, WILLIAM A  
26709 LOSTWOODS CIRCLE  
BONITA SPRINGS, FL 34135 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	MANAGER
Name	GANSERT, WILLIAM A	Name	GANSERT, WILLIAM A
Address	26709 LOSTWOODS CIRCLE	Address	26709 LOSTWOODS CIRCLE
City-State-Zip:	BONITA SPRINGS FL 34135	City-State-Zip:	BONITA SPRINGS FL 34135

*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:** WILLIAM A. GANSERT

**MANAGER**

**04/23/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date