

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000094185

**Entity Name:** 6814 GULF CONDO LLC

**Current Principal Place of Business:**

15 FRIAR TUCK DRIVE  
GALES FERRY, CT 06335

**Current Mailing Address:**

15 FRIAR TUCK DRIVE  
GALES FERRY, CT 06335 US

**FEI Number:** 27-3411433

**Certificate of Status Desired:** No

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

SCIARRETTA, STEVEN AESQUIRE  
2799 NW BOCA RATON BLVD  
SUITE 203  
BOCA RATON, FL 33431 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  
Name MANCINI, MARY E  
Address 15 FRIAR TUCK DRIVE  
City-State-Zip: GALES FERRY CT 06335

Title MGR  
Name MCBRIDE, KENNETH  
Address 15 FRIAR TUCK DRIVE  
City-State-Zip: GALES FERRY CT 06335

Title MGR  
Name MCBRIDE, KEVIN  
Address 15 FRIAR TUCK DRIVE  
City-State-Zip: GALES FERRY CT 06335

*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:** MARY E. MANCINI

**MANAGER**

**01/11/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date