# 2013 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

## Name and Address of Current Registered Agent:

SCIARRETTA, STEVEN AESQUIRE 2799 NW BOCA RATON BLVD SUITE 203 BOCA RATON, FL 33431 US FILED Jan 24, 2013 Secretary of State CC9855391364

Certificate of Status Desired: No

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

## Authorized Person(s) Detail :

| Title           | MGR                  | Title           | MGR                  |
|-----------------|----------------------|-----------------|----------------------|
| Name            | MANCINI, MARY E      | Name            | MCBRIDE, KENNETH     |
| Address         | 15 FRIAR TUCK DRIVE  | Address         | 15 FRIAR TUCK DRIVE  |
| City-State-Zip: | GALES FERRY CT 06335 | 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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARY E.MANCINI

SECRETARY

01/24/2013

Date

Electronic Signature of Signing Authorized Person(s) Detail

Date