

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000080807

**Entity Name:** GATOR WHOLESALERS, LLC

**Current Principal Place of Business:**

2529 W. BUSCH BLVD  
#200  
TAMPA, FL 33618

**FILED**  
**Jan 07, 2015**  
**Secretary of State**  
**CC5721867121**

**Current Mailing Address:**

2529 W. BUSCH BLVD  
#200  
TAMPA, FL 33618

**FEI Number: 46-2914017**

**Certificate of Status Desired: No**

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

JIVANI, SAMIR S  
2529 W. BUSCH BLVD  
#200  
TAMPA, FL 33618 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: SAMIR JIVANI**

**01/07/2015**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name JIVANI, SAMIR S  
Address 2529 W. BUSCH BLVD #200  
City-State-Zip: TAMPA FL 33618

Title MGRM  
Name MAWANI, FATEH A  
Address 2529 W. BUSCH BLVD #200  
City-State-Zip: TAMPA FL 33618

Title MGRM  
Name SHAHABUDDIN, SHEETAL  
Address 2529 W. BUSCH BLVD #200  
City-State-Zip: TAMPA FL 33618

*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: SAMIR JIVANI**

**MANAGER**

**01/07/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date