

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000113387

Entity Name: GULFSTREAM BREAK, LLC**Current Principal Place of Business:**961 TRAIL TERRACE DRIVE
NAPLES, FL 34103**Current Mailing Address:**961 TRAIL TERRACE DRIVE
NAPLES, FL 34103**FEI Number:** 47-4434189**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PASS, PAMELA
961 TRAIL TERRACE DR
NAPLES, FL 34103 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	AP
Name	PASS, PAMELA
Address	961 TRAIL TERRACE DR
City-State-Zip:	NAPLES FL 34103
Title	MGR
Name	PLATINUM COAST FINANCIAL CORP
Address	961 TRAIL TERRACE DR.
City-State-Zip:	NAPLES FL 34103

Title	AP
Name	MICELI, LAUREL
Address	961 TRAIL TERRACE DRIVE
City-State-Zip:	NAPLES FL 34103
Title	AUTHORIZED MEMBER, AUTHORIZED REPRESENTATIVE, MANAGER
Name	MEGAN, MICELI
Address	961 TRAIL TERRACE DRIVE
City-State-Zip:	NAPLES FL 34103

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: MEGAN MICELI**MANAGER****01/22/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date