

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000038261

Entity Name: GATORDAVE'S SERVICES LLC

Current Principal Place of Business:

5234 CHAPLIN TERRACE
NORTH PORT, FL 34286

Current Mailing Address:

5234 CHAPLIN TERRACE
NORTH PORT, FL 34286

FEI Number: 81-5436472

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HARPER, DAVID L
5234 CHAPLIN TERRACE
NORTH PORT, FL 34286 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 HARPER, DAVID
Address 5234 CHAPLIN TERRACE
City-State-Zip: NORTH PORT FL 34286

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: DAVID HARPER

MGR

08/24/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date