

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000019435

**Entity Name:** GOULD COOKSEY FENNELL, PLLC.

**Current Principal Place of Business:**

979 BEACHLAND BLVD  
VERO BEACH, FL 32963

**Current Mailing Address:**

979 BEACHLAND BLVD  
VERO BEACH, FL 32963 US

**FEI Number:** 59-1426911

**Certificate of Status Desired:** Yes

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

MARINE, CHRISTOPHER H ESQ  
979 BEACHLAND BLVD  
VERO BEACH, FL 32963 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            PRESIDENT, MGR  
Name            FENNELL, TODD W ESQ.  
Address        1435 SHORELANDS DRIVE  
City-State-Zip: VERO BEACH FL 32963

Title            VP  
Name            MARINE, CHRISTOPHER H  
Address        2229 WEST OCEAN OAKS CIR.  
City-State-Zip: VERO BEACH FL 32963

Title            VP  
Name            HAFNER, TROY B  
Address        4664 VIA CLARICE  
City-State-Zip: SANTA BARBARA CA 93111

Title            VP  
Name            CARTER, DAVID M  
Address        1575 GRACEWOOD LN  
City-State-Zip: VERO BEACH FL 32963

Title            VP  
Name            ODOM, JASON L  
Address        380 FARLEY'S COURT  
City-State-Zip: VERO BEACH FL 32968

Title            VP  
Name            RENNICK, SANDRA G  
Address        P.O. BOX 643282  
City-State-Zip: VERO BEACH FL 32964

Title            VP  
Name            KIRK, WILLIAM N  
Address        P.O. BOX 643027  
City-State-Zip: VERO BEACH FL 32964

Title            VP  
Name            GUETTLER, ANTHONY P  
Address        7 SEA HORSE LANE  
City-State-Zip: VERO BEACH FL 32960

**Continues on page 2**

*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:** TODD W FENNELL

**PRESIDENT/MANAGING  
PARTNER**

**02/07/2022**

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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title VP  
Name ROBERTS, DILLON L.  
Address 950 25TH STREET  
City-State-Zip: VERO BEACH FL 32960

Title VP  
Name LARSON, JUSTIN K.  
Address 1550 56TH COURT  
City-State-Zip: VERO BEACH FL 32966

Title VP  
Name ULLIAN, DANE R.  
Address 2805 TROPICAL AVENUE  
City-State-Zip: VERO BEACH FL 32960