

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000466686

**Entity Name:** GATOR WINGS, LLC

**Current Principal Place of Business:**

664 HICKORY RD  
NAPLES, FL 34108

**Current Mailing Address:**

664 HICKORY RD  
NAPLES, FL 34108

**FEI Number: 87-3339506**

**Certificate of Status Desired: No**

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

MASSOLL, BRIAN  
664 HICKORY RD  
NAPLES, FL 34108 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 MASSOLL, BRIAN  
Address 664 HICKORY RD  
City-State-Zip: NAPLES FL 34108

*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: BRIAN MASSOLL**

**MANAGING MEMBER**

**02/07/2023**

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

\_\_\_\_\_  
Date