

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000556890

**Entity Name:** GARY CIRCLE, LLC

**Current Principal Place of Business:**

2558 GARY CIRCLE  
DUNEDIN, FL 34698

**Current Mailing Address:**

2558 GARY CIRCLE  
DUNEDIN, FL 34698 US

**FEI Number:** 32-0767127

**Certificate of Status Desired:** No

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

SAXON, BERNICE S ESQUIRE  
201 E. KENNEDY BOULEVARD, SUITE 600  
TAMPA, FL 33602 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 AMBR  
Name JEFFREY D. BUELL AS TRUST OF THE BUELL FAMILY TRUST  
Address 2558 GARY CIRCLE  
City-State-Zip: DUNEDIN FL 34698

Title MGR  
Name JEFFREY D. BUELL AS TRUST OF THE BUELL FAMILY TRUST  
Address 2558 GARY CIRCLE  
City-State-Zip: DUNEDIN FL 34698

Title AMBR  
Name MICHELLE R. BUELL AS TRUST OF THE BUELL FAMILY TRUST  
Address 2558 GARY CIRCLE  
City-State-Zip: DUNEDIN FL 34698

Title MGR  
Name MICHELLE R. BUELL, AS TRUST OF THE BUELL FAMILY TRUST  
Address 2558 GARY CIRCLE  
City-State-Zip: DUNEDIN FL 34698

*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:** JEFF D. BUELL

**MEMBER**

**03/28/2024**

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

\_\_\_\_\_  
Date