## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L08000022288

City-St-Zip:

TAVARES, FL 32778

Entity Name: GAUSE & HARGROVE, PLLC

FILED Jan 08, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 229 EAST MAIN STREET TAVARES, FL 32778 **Current Mailing Address: New Mailing Address:** 229 EAST MAIN STREET TAVARES, FL 32778 FEI Number: 26-2093887 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HARGROVE, LAURA K 229 EAST MÁIN STREET TAVARES, FL 32778 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 MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete GAUSE, BETH A Name: Name: Address: 229 EAST MAIN STREET Address: City-St-Zip: TAVARES, FL 32778 City-St-Zip: ( ) Delete Title: MGRM Title: () Change () Addition Name: HARGROVE, LAURA K Name: Address: 229 EAST MAIN STREET Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: BETH ANN GAUSE MGRM 01/08/2009