

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000123972

Entity Name: WALTER GIBSON LLC

FILED  
Apr 28, 2011  
Secretary of State

**Current Principal Place of Business:**

2794 RAVINES ROAD  
MIDDLEBURG, FL 32068

**New Principal Place of Business:**

**Current Mailing Address:**

2794 RAVINES ROAD  
MIDDLEBURG, FL 32068

**New Mailing Address:**

FEI Number: 27-4185414

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

GIBSON, WALTER  
2794 RAVINES ROAD  
MIDDLEBURG, FL 32068 US

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

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:**

Title: MGRM  
Name: GIBSON, WALTER O  
Address: 2794 RAVINES ROAD  
City-St-Zip: MIDDLEBURG, FL 32068

Title: MGRM  
Name: GIBSON, JENNY W  
Address: 2794 RAVINES ROAD  
City-St-Zip: MIDDLEBURG, FL 32068

Title: MGRM  
Name: GIBSON, RACHEL L  
Address: 2794 RAVINES RD  
City-St-Zip: MIDDLEBURG, FL 32068

Title: MGRM  
Name: GIBSON, JORDAN E  
Address: 2794 RAVINES RD  
City-St-Zip: MIDDLEBURG, FL 32068

I hereby 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: WALTER GIBSON

MGRM

04/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date