## 2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000088870

Entity Name: STILES GAINESVILLE GP, LLC

Correct Driveinal Diago of Decines.

**Current Principal Place of Business:** 

301 E LAS OLAS BOULEVARD SUITE 800

FT. LAUDERDALE, FL 33301

**Current Mailing Address:** 

301 E LAS OLAS BOULEVARD

SUITE 800

FT. LAUDERDALE, FL 33301

FEI Number: NOT APPLICABLE Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ESPOSITO, ROBERT C/O STILES CORPORATION 301 E LAS OLAS BOULEVARD FT. LAUDERDALE, FL 33301 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

FILED Feb 26, 2013

**Secretary of State** 

CC7649575409

Authorized Person(s) Detail:

Title MGRM Title P

Name STILES, TERRY W Name STILES, TERRY W

Address 301 E LAS OLAS BOULEVARD Address 301 E LAS OLAS BLVD

City-State-Zip: FORT LAUDERDALE FL 33301 City-State-Zip: FORT LAUDERDALE FL 33301

Title V Title V

NameSHAGGY, DAVIDNameESPOSITO, ROBERTAddress301 E LAS OLAS BLVDAddress301 E LAS OLAS BLVD

City-State-Zip: FORT LAUDERDALE FL 33301 City-State-Zip: FORT LAUDERDALE FL 33301

Title V Title S

Name O'SHEA, DENNIS F Name STILES, KENNETH

Address 301 E LAS OLAS BLVD Address 301 E LAS OLAS BLVD

City-State-Zip: FORT LAUDERDALE FL 33301 City-State-Zip: FORT LAUDERDALE FL 33301

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.