

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000069326

**FILED**  
**Feb 10, 2015**  
**Secretary of State**  
**CC1165715131**

**Entity Name:** BARRY GAINES - STRUCTURAL & FORENSIC ENGINEER, "LLC"

**Current Principal Place of Business:**

41 SARAGOSSA ST  
ST AUGUSTINE, FL 32084

**Current Mailing Address:**

41 SARAGOSSA ST  
ST AUGUSTINE, FL 32084

**FEI Number:** 45-2529927

**Certificate of Status Desired:** No

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

WALER, RICHARD LJR  
100 WALER WAY  
ST AUGUSTINE, FL 32084 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	MGRM	Title	MGRM
Name	GAINES, BARRY J	Name	YOUNG-GAINES, SUZANN M
Address	41 SARAGOSSA ST	Address	41 SARAGOSSA ST
City-State-Zip:	ST AUGUSTINE FL 32084	City-State-Zip:	ST AUGUSTINE FL 32084

*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:** BARRY J GAINES

**PRESIDENT**

**02/10/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date