

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000122796

**Entity Name:** GIMPLEASING,LLC

**Current Principal Place of Business:**

1130 NW 64TH TERRACE  
GAINESVILLE, FL 32605

**Current Mailing Address:**

1130 NW 64TH TERRACE  
GAINESVILLE, FL 32605 US

**FEI Number:** 46-1080795

**Certificate of Status Desired:** No

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

DELL, IOLEEN AMD  
1130 NW 64TH TERRACE  
GAINESVILLE, FL 32605 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  
Name DELL, IOLEEN AMD  
Address 1130 NW 64TH TERRACE  
City-State-Zip: GAINESVILLE FL 32605

Title MGRM  
Name GUY, CHRIS MD  
Address 1130 NW 64TH TERRACE  
City-State-Zip: GAINESVILLE FL 32605

Title MGRM  
Name JONES, STEVEN MD  
Address 1130 NW 64TH TERRACE  
City-State-Zip: GAINESVILLE FL 32605

*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:** IOLEEN ALEXIS DELL

MGR

04/22/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date