

2013 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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: IOLEEN ALEXIS DELL

MD

04/16/2013

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date