

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Feb 26, 2017

Secretary of State

CC0607301439

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Entity Name: GAINESVILLE COHOUSING, LLC.

Current Principal Place of Business:

2240 NW 14TH AVE
GAINESVILLE, FL 32605

Current Mailing Address:

2240 NW 14TH AVE
GAINESVILLE, FL 32605

FEI Number: 46-3415204

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROWARD, JUDITH
2240 NW 14TH AVE
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 NELSON, BROOKS
Address 22929 SW 38TH PL
City-State-Zip: GAINESVILLE FL 32608

Title MGRM
Name BROWARD, JUDITH
Address 2240 NW 14TH AVE
City-State-Zip: GAINESVILLE FL 32605

Title MGRM
Name APLIN, MARY
Address 3130 NW 10 PL
City-State-Zip: GAINESVILLE FL 32605

Title MGRM
Name LEONE, MAE
Address 414 NW 36TH DR
City-State-Zip: GAINESVILLE FL 32605

Title AUTHORIZED MEMBER
Name HENRY-HETTEL, JOYCE
Address 1119 NW 36TH TERR
City-State-Zip: GAINESVILLE FL 32605

Title AUTHORIZED MEMBER
Name KIMBERLY, SALLY
Address 5002 NW 64TH LANE
City-State-Zip: GAINESVILLE FL 32606

Title AUTHORIZED MEMBER
Name CHRISTIANSON, ROBERT
Address 214 NE 6TH ST
City-State-Zip: GAINESVILLE FL 32601

Title AUTHORIZED MEMBER
Name KEMPNER, BURT
Address 8932 SW 67TH PL
City-State-Zip: GAINESVILLE FL 32608

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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: JUDITH BROWARD

MGRM

02/26/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title AUTHORIZED MEMBER
Name KOLB, ROBERT HENRY
Address 12928 SW 89TH AVE
City-State-Zip: GAINESVILLE FL 32618

Title AUTHORIZED MEMBER
Name DETWEILER, NANCY
Address 3113 NW 24TH AVE
City-State-Zip: GAINESVILLE FL 32605

Title AUTHORIZED MEMBER
Name FIELD, SUSAN
Address 25679 SW 20 PL
City-State-Zip: NEWBERRY FL 32669

Title AUTHORIZED MEMBER
Name LOGAN, MARY
Address 2801 NW 23RD BLVD., B15
City-State-Zip: GAINESVILLE FL 32605

Title AUTHORIZED MEMBER
Name SUNDARAM, ANITA
Address 4520 NW 17TH PLACE
City-State-Zip: GAINESVILLE FL 32605

Title AUTHORIZED MEMBER
Name HAMM, RAZIA ALI
Address 2725 SW 91ST ST 110-81
City-State-Zip: GAINESVILLE FL 32608

Title AUTHORIZED MEMBER
Name KAPLAN, ANDY
Address 1219 NW 35TH AVE
City-State-Zip: GAINESVILLE FL 32609

Title AUTHORIZED MEMBER
Name CRAIG, DIANE
Address 4229 NW 43RD ST J-79
City-State-Zip: GAINESVILLE FL 32606

Title AUTHORIZED MEMBER
Name HORSEMAN, MICHAEL
Address 5111 NW 58TH ST
City-State-Zip: GAINESVILLE FL 32653

Title AUTHORIZED MEMBER
Name SALZBURG, LYNN
Address 12221 NW 148TH AVE
City-State-Zip: ALACHUA FL 32615

Title AUTHORIZED MEMBER
Name GOVE, MARY
Address 3063 EDGEHILL ROAD
City-State-Zip: CLEVELAND OH 44118

Title AUTHORIZED MEMBER
Name ALI, SHAUKATH
Address 2725 SW 91ST ST 110-81
City-State-Zip: GAINESVILLE FL 32608