

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000021062

**Entity Name:** GENESIS OF FL LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

C/O 9240 BONITA BEACH RD  
2206  
BONITA SPRINGS, FL 34135

**FILED**  
**Apr 30, 2015**  
**Secretary of State**  
**CC4270935870**

**Current Mailing Address:**

12050 SUMMERGATE CIR  
C-102  
FORT MYERS, FL 33913 US

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

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

LA CROIX, MINDY  
12050 SUMMERGATE CIR  
C-102  
FORT MYERS, FL 33913 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            MGR  
Name            ALLIGATOR BIGHT, INC.  
Address        C/O 9240 BONITA BEACH RD, STE  
                  2206  
City-State-Zip: BONITA SPRINGS FL 34135

Title            AR  
Name            FYLSTRA, MARY LOU  
Address        C/O 9240 BONITA BEACH RD, STE  
                  2206  
City-State-Zip: BONITA SPRINGS FL 34135

*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: ZANNOS GREKOS**

**MMBR**

**04/30/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date