

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000003091

**Entity Name:** GABLES, LLC

**Current Principal Place of Business:**

410 NW 39TH AVENUE  
GAINESVILLE, FL 32609

**Current Mailing Address:**

C/O SALLY IMBER  
1541 BRICKELL AVENUE, T107  
MIAMI, FL 33129

**FEI Number:** 02-0555873

**Certificate of Status Desired:** Yes

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

IMBER, SALLY  
1541 BRICKELL AVENUE T107  
MIAMI, FL 33129 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 IMBER, SALLY  
Address 1541 BRICKELL AVENUE T107  
City-State-Zip: MIAMI FL 33129

Title MGRM  
Name JAMES T. HESS  
Address 1502 BALMORAL DRIVE  
City-State-Zip: BEL AIR MD 21014

*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:** SALLY IMBER

**MANAGING MEMBER**

**01/09/2015**

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

\_\_\_\_\_  
Date