

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000007658

FILED  
Jan 20, 2009  
Secretary of State

**Entity Name:** GAINESVILLE INDEPENDENT TESTING SERVICE, L.L.C.

**Current Principal Place of Business:**

1644 NE 22 AVE.  
BLDG C  
OCALA, FL 34470

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 831127  
OCALA, FL 34483

**New Mailing Address:**

P.O. BOX 831127  
OCALA, FL 34483 11

**FEI Number:** 59-3730335

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BOWERMEISTER, JAY  
3650 SE 26TH COURT  
OCALA, FL 34471 US

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

BOWERMEISTER, JAY E  
3650 SE 26TH COURT  
OCALA, FL 34471 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: JAY E. BOWERMEISTER

01/20/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BARRUP, THOMAS SEC  
Address: 2040 NW 11TH RD  
City-St-Zip: GAINESVILLE, FL 32605

Title: MGRM ( ) Delete  
Name: BOWERMEISTER, JAY PRES/TR  
Address: 3650 SE 26TH COUNTY  
City-St-Zip: OCALA, FL 34471

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: JAY E. BOWERMEISTER

PRES

01/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date