

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2005 8:00 am
Secretary of State

01-13-2005 90014 019 ****50.00

20001582



01102005 Chg-LLC CR2E083 (10/03)

4. FEI Number **30-0069261** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DOCUMENT # L01000022633

1. Entity Name
GARY L. TOST, O.D., L.C.



Principal Place of Business
**5536 SW 93RD WAY
GAINESVILLE, FL 32608**

Mailing Address
**5536 SW 93RD WAY
GAINESVILLE, FL 32608**

2. Principal Place of Business 10511 SW 17th Place		3. Mailing Address 10511 SW 17th Place	
Suite, Apt. #, etc. Gainesville, FL		Suite, Apt. #, etc. Gainesville, FL	
City & State		City & State	
Zip 32607	Country USA	Zip 32607	Country USA

6. Name and Address of Current Registered Agent

**TOST, GARY L
5536 SW 93RD WAY
GAINESVILLE, FL 32608**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
10511 SW 17th Place

Gainesville

City **FL** Zip Code **32607**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DATE **1/10/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TOST, GARY L 5536 SW 93RD WAY GAINESVILLE, FL 32608 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10511 SW 17th Place Gainesville FL 32607 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 DATE **1/10/05** 352

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE