

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000001190

FILED
Apr 30, 2009
Secretary of State

Entity Name: STEVE GAINEZ LC

Current Principal Place of Business:

10101 SHADOW OAK CIRCLE
RIVERVIEW, FL 33569 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 949
RIVERVIEW, FL 335680949 US

New Mailing Address:

FEI Number: 59-3758855

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILLIS, JOHN
10101 SHADOW OAK CIRCLE
RIVERVIEW, FL 33569 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GILLIS, STEVE
Address: P.O. BOX 949
City-St-Zip: RIVERVIEW, FL 33568 US

Title: MGR () Delete
Name: GILLIS, JOHN S
Address: 10101 SHADOW OAK CIRCLE
City-St-Zip: RIVERVIEW, FL 33569

Title: MGRM () Delete
Name: SMITH, ANNE G
Address: 10101 SHADOW OAK CIRCLE
City-St-Zip: RIVERVIEW, FL 33569

ADDITIONS/CHANGES:

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

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: JOHN GILLIS

MGR

04/30/2009

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