

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 07, 2004 8:00 am
Secretary of State

07-07-2004 90018 019 ****50.00

DOCUMENT # L02000020005

1. Entity Name
FAL, LLC



Principal Place of Business
**6440 W. NEWBERRY ROAD, SUITE 502
GAINESVILLE, FL 32605**

Mailing Address
**6440 W. NEWBERRY ROAD, SUITE 502
GAINESVILLE, FL 32605**

14024858



07012004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
82-0572520

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MENET, DAVID E
3940 NW 16 TH BLVD., BLDG. B
GAINESVILLE, FL 32605**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BAILEY, GREG MD
STREET ADDRESS	6440 W. NEWBERRY RD, STE 502
CITY-ST-ZIP	GAINESVILLE, FL 32605
TITLE	MGRM
NAME	MARICHEL, EDUARDO
STREET ADDRESS	6440 W. NEWBERRY RD, STE 502
CITY-ST-ZIP	GAINESVILLE, FL 32605
TITLE	MGRM
NAME	Amillion, Amy
STREET ADDRESS	6440 W Newberry Rd Suite 502
CITY-ST-ZIP	Gainesville FL 32605
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 606, Florida Statutes.

SIGNATURE:

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

7-1-04

Date

352 333 5555

Daytime Phone #