

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 05, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000039371

1. Entity Name
P & S ALACHUA, LLC



Principal Place of Business
**3820 S.W. 13TH STREET
GAINESVILLE, FL 32608**

Mailing Address
**3820 S.W. 13TH STREET
GAINESVILLE, FL 32608**

DO NOT WRITE IN THIS SPACE



03142005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
36-4541445

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GERLING, SUSAN M FSO
C/O CLAYTON JOHNSTON, P.A.
111 S.E. 1ST AVENUE
GAINESVILLE, FL 32601**

**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 one of the following) (NOTE: Registered Agent signature required when registered)

DATE

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

**U000000288772
04/05/05-80023-008 50.00**

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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATEL, PRAKASH 3820 S.W. 13TH STREET GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATEL, SANJAY 4060 RIVERSONG DRIVE SUWANEE, GA 30024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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:

[Signature]

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

Date

Daytime Phone