

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000050864

**FILED  
Jan 06, 2012  
Secretary of State**

**Entity Name:** SWIMAMERICA OF GAINESVILLE, LLC

**Current Principal Place of Business:**

4330 SW 83 RD WAY  
GAINESVILLE, FL 32608

**New Principal Place of Business:**

**Current Mailing Address:**

4330 SW 83 RD WAY  
GAINESVILLE, FL 32608

**New Mailing Address:**

FEI Number: 20-0469415      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

TROY, KATHLEEN M  
4330 SW 83 RD WAY  
GAINESVILLE, FL 32608    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  
Name:                  TROY, KATHLEEN M  
Address:                4330 SW 83 RD WAY  
City-St-Zip:            GAINESVILLE, FL 32608

I hereby 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: KATHLEEN TROY

MGRM

01/06/2012

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