

**2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000051025

**FILED  
Jan 13, 2011  
Secretary of State**

**Entity Name:** THE LOSEN ENTERPRISES, LLC

**Current Principal Place of Business:**

235 S.W. 11TH PLACE  
GAINESVILLE, FL 32601

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1309  
GAINESVILLE, FL 32602

**New Mailing Address:**

**FEI Number:** 20-6115487      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

WILLY KARL THE LOSEN  
235 S.W. 11TH PLACE  
GAINESVILLE, FL 32601      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:** MGR  
**Name:** THE LOSEN ENTERPRISES, LLC  
**Address:** 235 S.W. 11TH PLACE  
**City-St-Zip:** GAINESVILLE, FL 32601

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: THE LOSEN ENTERPRISES, LLC      MGR      01/13/2011

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