

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 02, 2007 08:00 AM
Secretary of State**

DOCUMENT # L04000093657

1. Entity Name

PRIEST HUFFMAN PROFORM, LLC



Principal Place of Business

818 WEST UNIVERSITY AVENUE
SUITE 213
GAINESVILLE, FL 32601

Mailing Address

818 WEST UNIVERSITY AVENUE
SUITE 213
GAINESVILLE, FL 32601



03152007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-2181173

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOONE, SAM W JR.
605 NE 1ST STREET, SUITE E
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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MEYROWITZ, JOAN C
STREET ADDRESS	818 WEST UNIVERSITY AVENUE
CITY-ST-ZIP	GAINESVILLE, FL 32601

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04/09/07-80017-014 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Joan P. Meyrowitz*

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

Date

Daytime Phone #

*JOAN C. MEYROWITZ 352
3/28/07 316-3466*