

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90038 037 \*\*\*138.75

**DOCUMENT # L05000073375**

1. Entity Name  
**BELLVIEW ACQUISITIONS OF ALACHUA COUNTY, LLC**



Principal Place of Business  
**3603-C NW 98TH STREET  
GAINESVILLE, FL 32606**

Mailing Address  
**3603-C NW 98TH STREET  
GAINESVILLE, FL 32606**

**60037688**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

**2421 NW 41<sup>st</sup> Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite A-1**

04282008 Chg-LLC CR2E083 (12/06)

City & State

City & State

**Gainesville FL**

4. FEI Number  
**37-1516015**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32606**

**Alachua**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TRUNNELL, GREG  
3603-C NW 98TH STREET  
GAINESVILLE, FL 32606**

Name

Street Address (P.O. Box Number is Not Acceptable)

**2421 NW 41<sup>st</sup> Street Suite A-1**

City

**Gainesville**

FL

Zip Code

**32606**

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

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
TRUNNELL, GREG  
3603-C NW 98TH STREET  
GAINESVILLE, FL 32606** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
MCCAULEY, JAMES  
3603-C NW 98TH STREET  
GAINESVILLE, FL 32606** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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CITY - ST - ZIP  
☐ Change ☐ Addition

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:**

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

**4-28-08**

Date

**352-367-4544**

Daytime Phone #