

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 11, 2008 08:00 A
Secretary of State

DOCUMENT # L05000099702

1. Entity Name

THIRD DIMENSION, LLC



Principal Place of Business

8515 SW 31ST AVE.
GAINESVILLE, FL 32608

Mailing Address

8515 SW 31ST AVE.
GAINESVILLE, FL 32608



01072008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARPENTER, RONALD A
5608 NW 43RD STREET
GAINESVILLE, FL 32653

**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

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	DONOVAN, CHRISTINE H.
STREET ADDRESS	8515 SW 31ST AVE.
CITY-ST-ZIP	GAINESVILLE, FL 32608
TITLE	MGR
NAME	LORI, CHERONIS
STREET ADDRESS	9518 SW 33RD LANE
CITY-ST-ZIP	GAINESVILLE, FL 32608
TITLE	MGR
NAME	MICHELLE, JONES
STREET ADDRESS	9513 SW 33RD LANE
CITY-ST-ZIP	GAINESVILLE, FL 32608
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000730461
01/14/08-80022-017 138.75

**DO NOT WRITE
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:

Christine Donovan

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

Date

Daytime Phone #

1-8-08 352-316-3110