

FILED
Apr 09, 2007 8:00 am
Secretary of State

2/2/18

02-08-2007 90140 040 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000016128			
B. Exact Name LLS OF GAINESVILLE, LLC			
Principal Place of Business - See Part D, Section 1 6110 N.W. 1ST PLACE, SUITE A GAINESVILLE, FL 32607		Mailing Address 6110 N.W. 1ST PLACE, SUITE A GAINESVILLE, FL 32607 C/O SHB1 Assoc Inc	
A. Principal Place of Business - See Part D, Section 1		Mailing Address	
Date Rec'd: 04/09/07		Date Rec'd: 04/09/07	
City & State		City & State	
Zip		Zip	
County		County	
State		State	
A. Name and Address of Current Registered Agent CARPENTER, RONALD A 6110 N.W. 1ST PLACE, SUITE A GAINESVILLE, FL 32607		B. Identification Number 56-2566125	
C. Name and Address of New Registered Agent		D. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
E. The Agent hereby certifies that the information furnished on this report is true and correct to the best of his/her knowledge and belief, and that the agent is a resident of the State of Florida.		F. Signature of Agent _____ Date: 2-5-07	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
A. MEMBER INFORMATION		B. ADDITIONAL CHANGES	
101 NAME STREET ADDRESS CITY & STATE ZIP	MEMBER STEPHEN L. BRY 6110 N.W. 1ST PLACE, SUITE A GAINESVILLE, FL 32607	102 NAME STREET ADDRESS CITY & STATE ZIP	☐ New ☐ Amend
103 NAME STREET ADDRESS CITY & STATE ZIP	MEMBER SUSAN L. BRY 6110 N.W. 1ST PLACE, SUITE A GAINESVILLE, FL 32607	104 NAME STREET ADDRESS CITY & STATE ZIP	☐ New ☐ Amend
105 NAME STREET ADDRESS CITY & STATE ZIP	MANAGING MEMBER, OFF. MGR. LISA SHEY 6110 N.W. 1ST PLACE, SUITE A GAINESVILLE, FL 32607	106 NAME STREET ADDRESS CITY & STATE ZIP	☐ New ☐ Amend
107 NAME STREET ADDRESS CITY & STATE ZIP		108 NAME STREET ADDRESS CITY & STATE ZIP	☐ New ☐ Amend
109 NAME STREET ADDRESS CITY & STATE ZIP		110 NAME STREET ADDRESS CITY & STATE ZIP	☐ New ☐ Amend
11. I hereby certify that the information furnished on this report is true and correct to the best of my knowledge and belief, and that I am a resident of the State of Florida. I am a Managing Member of the company.			
SIGNATURE: LISA SHEY, MANAGING MEMBER		Date: 2-5-07 (352)331-1668	

Lisa, managing member



ATTACHMENT

30064365

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 16, 2007

LLS OF GAINESVILLE, LLC
6110 N.W. 1ST PLACE, SUITE A
GAINESVILLE, FL 32607

Subject: LLS OF GAINESVILLE, LLC

Reference Number: L06000016128

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/sh

ANNUAL REPORTS SECTION

3/23/07

TO WHOM IT MAY CONCERN:

PLEASE ADVISE SPECIFICALLY WHAT YOU WANT.
WE HAVE DESIGNATED TITLES AFTER EACH NAME - AND ARE
AT A LOSS TO UNDERSTAND WHAT YOU NEED!

P.O. BOX 6478 - Tallahassee, Florida 32314

LISA SHEY
OPER. MGR