

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000016128

Entity Name: LLS OF GAINESVILLE, LLC

FILED  
Jan 15, 2009  
Secretary of State

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 56-2566125      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CARPENTER, RONALD A  
6110 N.W. 1ST PLACE, SUITE A  
GAINESVILLE, FL 32607 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: VP ( ) Delete  
Name: SHEY, STEPHEN  
Address: 6110 NW 1ST PL SUITE A  
City-St-Zip: GAINESVILLE, FL 32607

Title: ST ( ) Delete  
Name: SHEY, SUSAN  
Address: 6110 NW 1ST PLACE SUITE A  
City-St-Zip: GAINESVILLE, FL 32607

Title: MGRM ( ) Delete  
Name: SHEY, LISA  
Address: 6110 NW 1ST PLACE SUITE A  
City-St-Zip: GAINESVILLE, FL 32607

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: SUSAN SHEY

ST

01/15/2009

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