# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Mar 19, 2008 8:00 am**
**Secretary of State**
03-19-2008 90148 043 ***138.75

DOCUMENT # L06000053413

1. Entity Name
IDEAL MANAGEMENT SERVICES OF GAINESVILLE, LLC

60015808

| Principal Place of Business | Mailing Address |
|---|---|
| 616 N MAYO STREET<br>CRYSTAL BEACH, FL 34681 | PO BOX 56<br>CRYSTAL BEACH, FL 34681 |

03102008 Chg-LLC CR2E083 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 20-5040778 ☐ Applied For ☐ Not Applicable

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 |
|---|---|
| ~~CORPDIRECT AGENTS, INC.~~ → ROBERT L DINGESS<br>515 ~~EAST PARK AVENUE~~ P.O. BOX 56<br>~~TALLAHASSEE, FL 32301~~ CRYSTAL BEACH, FL 34681 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

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 Robert L Dingess, CEO ROBERT L DINGESS 3-15-08
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**

FL. DEPT OF STATE

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

| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>DINGESS, ROBERT<br>PO BOX 56<br>CRYSTAL BEACH, FL 34681 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>DINGESS, SHERRY<br>PO BOX 56<br>CRYSTAL BEACH, FL 34681 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
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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:** Robert L Dingess ROBERT L DINGESS CEO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #