

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000053413

**FILED**  
**Apr 27, 2010**  
**Secretary of State**

**Entity Name:** MANAGEMENT SERVICES OF GAINESVILLE, LLC

**Current Principal Place of Business:**

616 N MAYO STREET  
CRYSTAL BEACH, FL 34681

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 56  
CRYSTAL BEACH, FL 34681

**New Mailing Address:**

**FEI Number:** 20-5040778

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DINGESS, ROBERT L  
616 N. MAYO STREET  
CRYSTAL BEACH, FL 34681 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: MGRM  
Name: DINGESS, ROBERT  
Address: PO BOX 56  
City-St-Zip: CRYSTAL BEACH, FL 34681

Title: MGRM  
Name: DINGESS, SHERRY  
Address: PO BOX 56  
City-St-Zip: CRYSTAL BEACH, FL 34681

I hereby 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: ROBERT L DINGESS

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04/27/2010

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