

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000070962

Entity Name: M.S. OF GAINESVILLE, LLC

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1122 N. MAIN STREET  
GAINESVILLE, FL 32601

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX12252  
GAINESVILLE, FL 32604

**New Mailing Address:**

FEI Number: 20-5899074

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ALLEN, RAY F  
4468 VIENNA WOODS WAY  
GAINESVILLE, FL 32605 US

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

ALLEN, RAY F JR  
4468 VIENNA WOODS WAY  
GAINESVILLE, FL 32605 US

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: RAY ALLEN

04/18/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: ALLEN, RAY F JR  
Address: 4468 VIENNA WOODS WAY  
City-St-Zip: GAINESVILLE, FL 32605

Title: MGR  
Name: ALLEN, MICHAEL  
Address: 8470 SW 10TH PL  
City-St-Zip: GAINESVILLE, FL 32607

Title: MGR  
Name: ALLEN, EMMALINE L  
Address: 8470 SW 10TH PLACE  
City-St-Zip: GAINESVILLE, FL 32607

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: RAY ALLEN

MGR

04/18/2011

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