

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000113087

FILED  
Jan 24, 2011  
Secretary of State

Entity Name: OXALIS, LLC

**Current Principal Place of Business:**

4343 W NEWBERRY RD  
SUITE 18  
GAINESVILLE, FL 32607

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 357010  
GAINESVILLE, FL 32635

**New Mailing Address:**

FEI Number: 20-5880039

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SCOTT DAVID KRUEGER CHARTERED  
2750 NW 43RD STREET  
SUITE 201  
GAINESVILLE, FL 32606 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: MGR  
Name: VAES, LAMBERT G  
Address: 4881 NW 8TH AVENUE, SUITE 2  
City-St-Zip: GAINESVILLE, FL 32605

Title: MGR  
Name: DUNCANSON, DANIEL M  
Address: 4343 W NEWBERRY RD, SUITE 18  
City-St-Zip: GAINESVILLE, FL 32607

Title: MGR  
Name: KNOWLES, SUSAN K  
Address: 4343 W NEWBERRY RD, SUITE 18  
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: LAMBERT VAES

MGR

01/24/2011

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