

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000113459

Entity Name: LIPFORD, LLC

**FILED**  
**Feb 11, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

PAT ABBITT  
8927 S.W. 42ND PLACE  
GAINESVILLE, FL 32608

**New Principal Place of Business:**

**Current Mailing Address:**

SARAH STONE  
8601 S.W. 113TH AVENUE  
GAINESVILLE, FL 32608

**New Mailing Address:**

FEI Number: 20-5988951

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BUTTS, ROBERT P ESQ.  
FISHER, BUTTS, SECHREST & WARNER, P.A.  
5203 S.W. 91ST TERRACE, SUITE D  
GAINESVILLE, FL 32608 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: ABBITT, PAT  
Address: 8927 S.W. 42ND PLACE  
City-St-Zip: GAINESVILLE, FL 32608

Title: MGRM  
Name: STONE, SARAH  
Address: 8601 S.W. 113TH AVENUE  
City-St-Zip: GAINESVILLE, FL 32608

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: SARAH LIPFORD STONE

MGRM

02/11/2012

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