

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90032 017 \*\*\*138.75

**DOCUMENT # L06000114200**

1. Entity Name  
G.P. OF GAINESVILLE, LLC



Principal Place of Business  
4468 VIENNA WOODS WAY  
GAINESVILLE, FL 32605

Mailing Address  
4468 VIENNA WOODS WAY  
GAINESVILLE, FL 32605

**60029510**



02062008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-5898423

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

ALLEN, RAY  
4468 VIENNA WOODS WAY  
GAINESVILLE, FL 32605

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME ALLEN, RAY F  
STREET ADDRESS 4468 VIENNA WOODS WAY  
CITY-ST-ZIP GAINESVILLE, FL 32605

TITLE MGRM  
NAME ALLEN, JAMIE R  
STREET ADDRESS 4468 VIENNA WOODS WAY  
CITY-ST-ZIP GAINESVILLE, FL 32605

TITLE MGRM  
NAME AMERSON, PAT  
STREET ADDRESS 144 LOUANA COVE  
CITY-ST-ZIP HOT SPRINGS, AR 71913

TITLE MGRM  
NAME ALLEN, MICHAEL  
STREET ADDRESS 8470 SW 10TH PLACE  
CITY-ST-ZIP GAINESVILLE, FL 32601

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:** *Ray F. Allen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*RAY F. ALLEN*

*4/14/08*

Date

*352-258-5367*

Daytime Phone #