

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

04-28-2008 90032 016 ***138.75

DOCUMENT # L06000114249

1. Entity Name

J. V. OF GAINESVILLE, LLC



Principal Place of Business

4468 VIENNA WOODS WAY
GAINESVILLE, FL 32605

Mailing Address

4468 VIENNA WOODS WAY
GAINESVILLE, FL 32605

60029911



02062008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-5898325

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALLEN, RAY F
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, AK 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

Ray F. Allen

4/14/08

352-258-5387

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

Date

Daytime Phone #