

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000033725

FILED
Apr 17, 2009
Secretary of State

Entity Name: M.D. GAVIN AND ASSOCIATES, LLC

Current Principal Place of Business:

2757 SANDALWOOD DRIVE NORTH
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

2757 SANDALWOOD DRIVE NORTH
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 26-4317123

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAVIN, MARISA, DINETTE
2757 SANDALWOOD DRIVE NORTH
TALLAHASSEE, FL 32301 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 () Delete
Name: ADENISIMI, OLELEKAN
Address: 2100 SOUTH GREAT SOUTHWEST PARKWAY #601
City-St-Zip: GRAND PRAIRIE, TX 75051

Title: MGRM () Delete
Name: WALKER, CANDICE
Address: 2757 SANDALWOOD DRIVE NORTH
City-St-Zip: TALLAHASSEE, FL 32304

Title: MGRM () Delete
Name: DOUGLAS, EMANUEL
Address: 2757 SANDALWOOD DRIVE NORTH
City-St-Zip: TALLAHASSEE, FL 32304

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: MARISA GAVIN

CEO

04/17/2009

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