

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90240 045 ***138.75

60016856



01162008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L07000079097

1. Entity Name
CORNERSTONE PROPERTY SOLUTIONS OF
NORTH-CENTRAL FLORIDA, LLC



Principal Place of Business
11407 SW 122ND STREET
GAINESVILLE, FL 32608

Mailing Address
11407 SW 122ND STREET
GAINESVILLE, FL 32608

2. Principal Place of Business - No P.O. Box #
500 NW 43rd Street

Suite, Apt. #, etc.
Suite 3

City & State
Gainesville FL

Zip
32607

Country
USA

3. Mailing Address
500 NW 43rd Street

Suite, Apt. #, etc.
Suite 3

City & State
Gainesville FL

Zip
32607

Country
USA

6. Name and Address of Current Registered Agent

HAUFLER, EUGENE C
11407 SW 122ND STREET
GAINESVILLE, FL 32608

4. FEI Number
26-0641166

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

Name
Cornerstone Property Solutions of N. Central FL

Street Address (P.O. Box Number is Not Acceptable)
500 NW 43rd Street

Suite
Suite 3

City
Gainesville

FL
FL

Zip Code
32607

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 **Eugene Haufler, Owner** 1/16/08

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HAUFLER, EUGENE C 11407 SW 122ND STREET GAINESVILLE, FL 32608 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Eugene Haufler 11407 SW 122nd Street Gainesville FL 32608 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Eugene Haufler, Pres** 1/16/08 352-373-2730

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #