

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000118055

**FILED**  
**Jan 12, 2012**  
**Secretary of State**

**Entity Name:** GARY GANEY & ASSOCIATES, L.L.C.

**Current Principal Place of Business:**

1802 JOE MCINTOSH RD  
PLANT CITY, FL 33565

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 3844  
PLANT CITY, FL 33563

**New Mailing Address:**

**FEI Number:** 75-3263261      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

GANEY, GARY W  
1802 JOE MCINTOSH RD  
PLANT CITY, FL 33565      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  
**Name:** GANEY, GARY  
**Address:** 1802 JOE MCINTOSH RD  
**City-St-Zip:** PLANT CITY, FL 33565

**Title:** MGRM  
**Name:** GANEY, LINDA  
**Address:** 1802 JOE MCINTOSH RD  
**City-St-Zip:** PLANT CITY, FL 33565

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:** GARY GANEY

MGR

01/12/2012

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