

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000002066

FILED
Apr 30, 2009
Secretary of State

Entity Name: CHESTER'S OF GAINESVILLE, LLC

Current Principal Place of Business:

800 SOUTH WALNUT STREET
STARKE, FL 32091 US

New Principal Place of Business:

Current Mailing Address:

800 SOUTH WALNUT STREET
STARKE, FL 32091 US

New Mailing Address:

P.O. BOX 140973
GAINESVILLE, FL 32614 US

FEI Number: 42-1751392

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JONES, SAMUEL III
800 SOUTH WALNUT STREET
STARKE, FL 32091 US

Name and Address of New Registered Agent:

JONES, SAMUEL III
800 SOUTH WALNUT ST
STARKE, FL 32091 US

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:

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JONES, SAMUEL III
Address: 800 SOUTH WALNUT STREET
City-St-Zip: STARKE, FL 32091

Title: MGRM () Delete
Name: JONES, ALLISON
Address: 800 SOUTH WALNUT STREET
City-St-Zip: STARKE, FL 32091 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JONES, SAMUEL III
Address: P.O. BOX 140973
City-St-Zip: GAINESVILLE, FL 32614

Title: MGRM (X) Change () Addition
Name: JONES, ALLISON
Address: P.O. BOX 140973
City-St-Zip: GAINESVILLE, FL 32614 US

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: SAMUEL JONES III

DR.

04/30/2009

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