

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000108077

FILED  
Jul 17, 2009  
Secretary of State

Entity Name: THE GEAR CLINIC LLC

**Current Principal Place of Business:**

10501 S ORANGE AVE  
#120  
ORLANDO, FL 32824 US

**New Principal Place of Business:**

**Current Mailing Address:**

10501 S ORANGE AVE  
#120  
ORLANDO, FL 32824 US

**New Mailing Address:**

FEI Number: 26-3753409      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ROWLAND, DALE  
10501 S ORANGE AVE  
#120  
ORLANDO, FL 32824 US

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

ROWLAND, DALE M  
10501 S ORANGE AVE  
#120  
ORLANDO, FL 32824 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: DALE M. ROWLAND

07/17/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ROWLAND, DALE  
Address: 10501 S. ORANGE AVE #120  
City-St-Zip: ORLANDO, FL 32824 US

Title: MGR ( ) Delete  
Name: COLLINS, WILLIAM P JR  
Address: 10501 S. ORANGE AVE. #120  
City-St-Zip: ORLANDO, FL 32824 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: ROWLAND, DALE M  
Address: 10501 S. ORANGE AVE #120  
City-St-Zip: ORLANDO, FL 32824 US

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: DALE M. ROWLAND

MGR

07/17/2009

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