

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000108077

**FILED**  
**Feb 20, 2010**  
**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 (X)**

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

ROWLAND, DALE M  
10501 S ORANGE AVE  
#120  
ORLANDO, FL 32824 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: ROWLAND, DALE M  
Address: 10501 S. ORANGE AVE #120  
City-St-Zip: ORLANDO, FL 32824 US

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

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: DALE M. ROWLAND

MGR

02/20/2010

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