

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000002406

**FILED**  
**Feb 23, 2010**  
**Secretary of State**

**Entity Name:** GAINESVILLE STUDENT BUSINESS SERVICES CO-OP, LLC

**Current Principal Place of Business:**

140 NORTHWEST 6TH STREET  
GAINESVILLE, FL 32601

**New Principal Place of Business:**

**Current Mailing Address:**

140 NORTHWEST 6TH STREET  
GAINESVILLE, FL 32601

**New Mailing Address:**

**FEI Number:** 26-3995630

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SMITH, CHRISTOPHER  
7313 INTERNATIONAL PLACE  
STE 80  
SARASOTA, FL 34240 US

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

ARNOLD, GARY J  
7339 PERIWINKLE DRIVE  
SARASOTA, FL 34231 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: GARY J. ARNOLD

02/23/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SHIELDS, DOUGLAS  
Address: 107 OGLETHORPE BLVD UNIT B  
City-St-Zip: ST. AUGUSTINE, FL 32080

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: DOUGLAS SHIELDS

MGRM

02/23/2010

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