

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000007881

FILED
Feb 06, 2012
Secretary of State

Entity Name: SPLITZ OF GAINESVILLE, LLC

Current Principal Place of Business:

1305 NW 76TH BLVD
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 140068
GAINESVILLE, FL 32614

New Mailing Address:

FEI Number: 26-4112392

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALTER, JAMES D P.A.
3940 NW 16TH BLVD
GAINESVILLE, FL 32605 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: BURKETT, ORIS L
Address: 12115 NW 1ST LANE
City-St-Zip: GAINESVILLE, FL 32607

Title: MGRM
Name: BURKETT, PATRICIA
Address: 12115 NW 1ST LANE
City-St-Zip: GAINESVILLE, FL 32607

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: ORIS L BURKETT

MR.

02/06/2012

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