

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000070477

**FILED**  
**Apr 19, 2010**  
**Secretary of State**

**Entity Name:** INDEPENDANCE STUDIO LLC

**Current Principal Place of Business:**

7050 SW ARCHER ROAD  
SUITE 4102  
GAINESVILLE, FL 32608

**New Principal Place of Business:**

**Current Mailing Address:**

5745 SW 75TH STREET  
#311  
GAINESVILLE, FL 32608

**New Mailing Address:**

**FEI Number:** 27-0591490

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KNESTRICK, MARY B  
7050 SW ARCHER ROAD  
SUITE 4102  
GAINESVILLE, FL 32608 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:** MGRM  
**Name:** DAY, TIMOTHY  
**Address:** 17205 NW 171 PLACE  
**City-St-Zip:** ALACHUA, FL 21615

**Title:** MGRM  
**Name:** DAY, JOLI  
**Address:** 17205 NW 171 PLACE  
**City-St-Zip:** GAINESVILLE, FL 21615

**Title:** MGRM  
**Name:** KNESTRICK, MARY  
**Address:** 701 SW 62ND BLVD #161  
**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:** TIM DAY

MGRM

04/19/2010

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