

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000109214

**FILED**  
**Mar 10, 2010**  
**Secretary of State**

**Entity Name:** JAMIE L. GOBLE, P.L.

**Current Principal Place of Business:**

926 N.W. 13TH ST.  
GAINESVILLE, FL 326014140 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 141081  
GAINESVILLE, FL 326141081 US

**New Mailing Address:**

**FEI Number:** 27-1297257

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

GOBLE, JAMIE L  
926 N.W. 13TH ST  
GAINESVILLE, FL 326014140 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: GOBLE, JAMIE L  
Address: 926 N.W. 13TH ST  
City-St-Zip: GAINESVILLE, FL 326014140 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: JAMIE L GOBLE

MGRM

03/10/2010

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