

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000118479

Entity Name: GEISCO TOY BOX, LLC

**FILED**  
**Feb 15, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4350 PABLO PROFESSIONAL COURT  
SUITE 100  
JACKSONVILLE, FL 32224

**New Principal Place of Business:**

**Current Mailing Address:**

4350 PABLO PROFESSIONAL COURT  
SUITE 100  
JACKSONVILLE, FL 32224

**New Mailing Address:**

FEI Number: 27-3962865

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GEISLER, CURT M DR.  
4350 PABLO PROFESSIONAL COURT  
SUITE 100  
JACKSONVILLE, FL 32224 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: GEISLER, CURT M DR.  
Address: 4350 PABLO PROFESSIONAL COURT, SUITE 100  
City-St-Zip: JACKSONVILLE, FL 32224

Title: MGR  
Name: GEISLER, SUSAN L  
Address: 4350 PABLO PROFESSIONAL COURT, SUITE 100  
City-St-Zip: JACOSONVILLE, FL 32224

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: DR. M. CURT GEISLER

PRES

02/15/2011

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