

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000129040

**FILED**  
**Mar 12, 2012**  
**Secretary of State**

**Entity Name:** GILLINGHAM PROFESSIONAL SERVICES, LLC

**Current Principal Place of Business:**

1520 COMMERCIAL PARK DRIVE  
LAKELAND, FL 33801

**New Principal Place of Business:**

10145 SLAUGHTERHOUSE RD.  
POLK CITY, FL 33868

**Current Mailing Address:**

1520 COMMERCIAL PARK DRIVE  
LAKELAND, FL 33801

**New Mailing Address:**

10145 SLAUGHTERHOUSE RD.  
POLK CITY, FL 33868

**FEI Number:** 27-4329464

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MORRISON, JOSEPH A  
4416 FLORIDA NATIONAL DRIVE  
LAKELAND, FL 33813 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: GILLINGHAM, DANIEL D  
Address: 10145 SLAUGHTERHOUSE ROAD  
City-St-Zip: POLK CITY, FL 33868

Title: MEMB  
Name: GILLINGHAM, CYNTHIA M  
Address: 10145 SLAUGHTERHOUSE RD.  
City-St-Zip: POLK CITY, FL 33868

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: DANIEL D. GILLINGHAM

MGR

03/12/2012

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