2013 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
13 APR -4 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L11000023732

1. Entity Name
MISNER REAL ESTATE SERVICES, LLC

11182013 Chg-LLC CR2E083 (12/11)

Principal Place of Business	Mailing Address
4907 NW 43RD STREET SUITE A GAINESVILLE, FL 32606	4907 NW 43RD STREET SUITE A GAINESVILLE, FL 32606
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 90-0664913 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MISNER, MARTIN H 4907 NW 43RD STREET SUITE A GAINESVILLE, FL 32606	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $538.75
Due by September 27, 2013

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MISNER, MARTIN H 4907 NW 43RD STREET, SUITE A GAINESVILLE, FL 32606	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 500254148765 11/22/13--01002--002 **138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 18P 4/4

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: [signature] 11/19/13 msellsit@gmail.com
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE E-MAIL ADDRESS

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Information

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Session

Transaction ID	Description	Filing Stage
l11000023732-b4ba270e-407e-40cd-8682-3eabb0bad9ab	Session file for l11000023732 with last modified date of 4/4/2013 12:51:19 PM Eastern Standard Time	Edit

Transactions

Transaction Id	Document Id	Filing Fee	Filing Status	Filing Date
l11000023732-3848bfc9-aa78-4ace-bf0a-17a011d74ece	L11000023732	0	2	8/16/2012 12:00:00 AM
l11000023732-3be82295-43d3-47b2-b876-a01cb39bb565	L11000023732	0	2	1/20/2012 12:00:00 AM