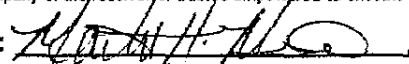


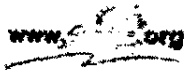
2013 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

13 APR -4 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L11000023732					
1. Entity Name MISNER REAL ESTATE SERVICES, LLC					
Principal Place of Business 4907 NW 43RD STREET SUITE A GAINESVILLE, FL 32606			Mailing Address 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	
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 _____ Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	MGR	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	MISNER, MARTIN H			NAME	
STREET ADDRESS	4907 NW 43RD STREET, SUITE A			STREET ADDRESS	500254148765
CITY- ST- ZIP	GAINESVILLE, FL 32606			CITY- ST- ZIP	11/22/13--01002--002 ***138.75
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY- ST- ZIP				CITY- ST- ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY- ST- ZIP				CITY- ST- ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY- ST- ZIP				CITY- ST- ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY- ST- ZIP				CITY- ST- ZIP	
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:  11/19/13				msellsit@gmail.com	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				DATE	
				E-MAIL ADDRESS	

Corporations
Information

Payments Tools Activity

rvarnadore ~

Annual Report Filing History

Search By Document ID

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Session

Transaction ID	Description	Filing Stage
I11000023732-b4ba270e-407e-40cd-8682-3eabb0bad9ab	Session file for I11000023732 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
I11000023732-3848bfc9-aa78-4ace-bf0a-17a011d74ece	L11000023732	0	2	8/16/2012 12:00:00 AM
I11000023732-3be82295-43d3-47b2-b876-a01cb39bb565	L11000023732	0	2	1/20/2012 12:00:00 AM

