

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000111327

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** MEGA GAINESVILLE GROUP, LLC

**Current Principal Place of Business:**

3210 SW 40TH BLVD  
SUITE A1  
GAINESVILLE, FL 32608 US

**New Principal Place of Business:**

**Current Mailing Address:**

11425 N DALE MABRY HWY  
TAMPA, FL 33618 US

**New Mailing Address:**

**FEI Number:** 36-4711750

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KELLY, GAIL B  
11425 N. DALE MABRY HWY  
TAMPA, FL 33618 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: MEGA TAMPA GROUP, LLC  
Address: 11425 N DALE MABRY HWY  
City-St-Zip: TAMPA, FL 33618 US

Title: P  
Name: BERRY, MARK A  
Address: 4808 CENTERBROOK CT  
City-St-Zip: TAMPA, FL 33618

Title: CFO  
Name: KELLY, GAIL B  
Address: 4023 MCLANE DR  
City-St-Zip: TAMPA, FL 33610

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: GAIL B. KELLY

MGRM

04/27/2012

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