

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000000296

Entity Name: BICE COLE LAW FIRM, P.L.**Current Principal Place of Business:**1333 S.E. 25TH LOOP
101
OCALA, FL 34471**Current Mailing Address:**1333 S.E. 25TH LOOP
101
OCALA, FL 34471**FEI Number:** 59-3615680**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GLENNY, DAVID A
1333 S.E. 25TH LOOP
101
OCALA, FL 34471 US*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**Authorized Person(s) Detail :**

Title MGRM
Name COLE, SUSAN J
Address 999 PONCE DE LEON BLVD., SUITE 710
City-State-Zip: CORAL GABLES FL 33134

Title MGRM
Name SANDERS, GARY L
Address 1333 S.E. 25TH LOOP, SUITE 101
City-State-Zip: Ocala FL 34471

Title MGRM
Name DAVIS, MARCIA
Address 15316 NW 140TH STREET
City-State-Zip: ALACHUA FL 32617

Title MGRM
Name GLENNY, DAVID A
Address 1333 S.E. 25TH LOOP, SUITE 101
City-State-Zip: Ocala FL 34471

Title MGRM
Name REICHERT, SCOTT G
Address 1333 S.E. 25TH LOOP, SUITE 101
City-State-Zip: Ocala FL 34471

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GARY L. SANDERS**MEMBER****04/15/2013**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date