

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000007881

**Entity Name:** SPLITZ OF GAINESVILLE, LLC

**Current Principal Place of Business:**

1305 NW 76TH BLVD  
GAINESVILLE, FL 32605

**Current Mailing Address:**

POST OFFICE BOX 140068  
GAINESVILLE, FL 32614

**FEI Number:** 26-4112392

**Certificate of Status Desired:** No

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

LASH, ROBERT DP.A.  
500 EAST UNIVERSITY AVENUE  
SUITE A  
GAINESVILLE, FL 32602 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:** ROBERT A LASH

02/12/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name BURKETT, ORIS L  
Address 12115 NW 1ST LANE  
City-State-Zip: GAINESVILLE FL 32607

Title MGRM  
Name BURKETT, PATRICIA  
Address 12115 NW 1ST LANE  
City-State-Zip: GAINESVILLE FL 32607

Title VP  
Name BURKETT, ORIS L III  
Address 1311 NW 76TH BLVD  
City-State-Zip: GAINESVILLE FL 32606

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ORIS L. III BURKETT

VP

02/12/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date