

2013 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:

SALTER, JAMES DP.A.
3940 NW 16TH BLVD
GAINESVILLE, FL 32605 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	MGR	Title	MGRM
Name	BURKETT, ORIS L	Name	BURKETT, PATRICIA
Address	12115 NW 1ST LANE	Address	12115 NW 1ST LANE
City-State-Zip:	GAINESVILLE FL 32607	City-State-Zip:	GAINESVILLE FL 32607

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: ORIS L BURKETT

OWNER

02/04/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date