

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000148608

Entity Name: GAINESVILLE HOME SUITES, LLC**Current Principal Place of Business:**7105 SW 107 AVE
GAINESVILLE, FL 32608**Current Mailing Address:**PO BOX 140817
GAINESVILLE, FL 32614**FEI Number:** 47-1734704**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BARBER, ELAINE B.
ELAINE B. BARBER
148 PUESTA DEL SOL
OSPNEY, FL 34229 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:** ELAINE B. BARBER

03/29/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR, CEO, AUTHORIZED MEMBER
Name BOLTON, ELIZABETH B
Address PO BOX 140817
City-State-Zip: GAINESVILLE FL 32614

Title AUTHORIZED REPRESENTATIVE
Name BARBER, ELAINE B
Address ELAINE B. BARBER
148 PUESTA DEL SOL
City-State-Zip: OSPNEY FL 34229

Title AUTHORIZED MEMBER
Name POST, JAMES M.
Address PO BOX 140817
City-State-Zip: GAINESVILLE FL 32614

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: ELIZABETH B. BOLTON

PRESIDENT, CEO

03/29/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date