

**2025 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

03/05/2025

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

*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

**MANAGER**

03/05/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date