

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000057797

**Entity Name:** LAW OFFICES OF A. GAINES PLLC

**Current Principal Place of Business:**

2100 SE HILLMOOR DRIVE  
SUITE 106  
PORT ST. LUCIE, FL 34952

**Current Mailing Address:**

2100 SE HILLMOOR DRIVE  
SUITE 106  
PORT ST. LUCIE, FL 34952 US

**FEI Number:** 47-3605125

**Certificate of Status Desired:** No

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

GITTENS, RHONDA  
1466 SOUTH PALM AVE  
PEMBROKE PINES, FL 33025 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  
Name GAINES, ARNOLD  
Address PO BOX 37  
City-State-Zip: FORT PIERCE FL 34954

*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:** GAINES, ARNOLD

MGR

03/29/2017

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date