2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000066180

1. Entity Name BLAKELL LLC



FILED Apr 16, 2007 08:00 A Secretary of State

Principal Place of Business

8437 TUTTLE AVE

132

SARASOTA, FL 34243

Mailing Address

8437 TUTTLE AVE 132

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DO NOT WRITE IN THIS SPACE

SARASOTA, FL 34243



04122007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number		Applied For
81-0655962		Not Applicable
	 \$5 C	Additional

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

BLAKE, GILLETT 8437 TUTTLE AVE 132

SIGNATURE:

SARASOTA, FL 34243

DO	NOT	WRITE
IN '	THIS	SPACE

	Signates, typed or printed name or registered agent and title it applicable	(NOTE: Registered Agent signature required when reinstating)	DATE	
Fi D	iling Fee is \$50.00 ue by May 1, 2007		000000707251 04/24/07-80068-011 50.00	
9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGRM			
NAME	GILLETT, BLAKE	i i		
STREET ADDRESS	8437 TUTTLE AVE #132			
CITY-ST-ZIP	SARASOTA, FL 34243	l l		
TITLE	MGRM			
NAME	GILLETT, KELLY			
STREET ADDRESS	8437 TUTTLE AVE #132			
CITY-ST-ZIP	SARASOTA, FL 34243			
TIFLE				
NAME				
STREET ADDRESS		1 00	NOT WRITE	
CITY - ST - ZIP		טע ן	NOT WRITE	
TITLE		INI	THIS SPACE	
NAME		1 "1"	ITIIS SPACE	
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP			or any control of the second o	
TITLE				
NAME				
STREET ADDRESS		1		
CITY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.				

8. 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. I am familiar with, and accept the obligations of policy agent.