

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000025121

**Entity Name:** ELLA GRACE FRANCHISES, LLC

**Current Principal Place of Business:**

4949 SUNBEAM ROAD  
UNIT 5  
JACKSONVILLE, FL 32257

**Current Mailing Address:**

4949 SUNBEAM ROAD  
UNIT 5  
JACKSONVILLE, FL 32257 UN

**FEI Number:** 47-3076935

**Certificate of Status Desired:** No

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

KELLAM, MICHAEL H  
4949 SUNBEAM ROAD  
UNIT 5  
JACKSONVILLE, FL 32257 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            PRES  
Name            KELLAM, MICHAEL H  
Address        4949 SUNBEAM ROAD  
City-State-Zip: JACKSONVILLE FL 32257

Title            VPRE  
Name            KELLAM, HEATHER M  
Address        4949 SUNBEAM ROAD  
City-State-Zip: JACKSONVILLE FL 32257

*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:** MICHAEL KELLAM

**PRESIDENT**

**04/13/2016**

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

\_\_\_\_\_  
Date