

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000000138

1. Entity Name

GORDON ELLIS, L.L.C.



Principal Place of Business

3742 NOVA RD.
PORT ORANGE FL 32129

Mailing Address

PO BOX 291609
PORT ORANGE FL 32129

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3616151

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required



1st MOORE

CR2E083 (10/04)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KELLY, ARTHUR S
3270 SUNTREE BLVD.
MELBOURNE FL 32940

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
M	SKROLY, ANDREW J	21 JANA DR	PONE INLET FL 32127	
M	FOWLER, EARL	4916 HIDDEN OAKS TRAIL	SARASOTA FL 34232	
M	GORDON ELLIS & CO	TRENT LANE, CASTLE DONNINGTON	DERBY, UK DE742N9	

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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.

SIGNATURE:

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

Date

Daytime Phone #

4-22-05