

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 07, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L00000013305

1. Entity Name  
GILL-OTERO, LLC



Principal Place of Business  
1200 EAST ROBINSON STREET  
ORLANDO, FL 32801

Mailing Address  
1200 EAST ROBINSON STREET  
ORLANDO, FL 32801



06302004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3680678

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

ROBINSON, JOHN D ESQUIRE  
LAW OFFICES OF DEAN, RINGERS, ET AL.  
201 EAST PINE STREET, SUITE 1200  
ORLANDO, FL 32801

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$50.00  
Due by September 8, 2004**

000000163793  
07/07/04-80017-009 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
OTERO, HARALDO D.D.S.  
1200 EAST ROBINSON STREET  
ORLANDO, FL 32801

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
GILL, CHARLES A D.D.S.  
1200 EAST ROBINSON STREET  
ORLANDO, FL 32801

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Charles A Gill* in *Charles A Gill* 6-30-04 407-894-0084