

2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Mar 13, 2008 8:00 am**  
**Secretary of State**

02-08-2008 90098 045 \*\*\*138.75

**DOCUMENT # L01000021197**

1. Entity Name  
FLAD/ELLIOTT, MARSHALL, INNES, LLC



Principal Place of Business  
251 E. 7TH AVE.  
TALLAHASSEE, FL 32303

Mailing Address  
251 E. 7TH AVE.  
TALLAHASSEE, FL 32303

30002011



01282008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
01-0573480

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

ELLIOTT, WILLIAM R JR.  
251 E. 7TH AVE.  
TALLAHASSEE, FL 32303

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>BLASSICK, JOHN E<br>3300 SW ARCHER RD<br>GAINESVILLE, FL 32608          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>GYLLSTROM, THOMAS H<br>3300 SW ARCHER RD<br>GAINESVILLE, FL 32608       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>ELLIOTT, WILLIAM ROBERT<br>251 EAST 7TH AVENUE<br>TALLAHASSEE, FL 32303 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>MARSHALL, RICHARD B<br>251 EAST 7TH AVENUE<br>TALLAHASSEE, FL 32303     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 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.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

03-13-08 350-222-7442  
Date Daytime Phone #