## FILED Mar 03, 2005 8:00 am Secretary of State 01-28-2005 90074 003 \*\*\*\*50.00

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DOCUMENT # L02000002017  1. Enlity Name ELLIS FAMILY LLC							01 20 20	003 9007 1 003	20.00		
Principal Place of Business  2446 FOXWOOD ROAD, SOUTH  ORANGE PARK, FL 32073  Mailing Address  2446 FOXWOOD ROAD, SOU  ORANGE PARK, FL 32073						( ) Benero		000840	• .		
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01252005	Chg-LLC	CR2E083 (10/03)	•		
City & State		City & State			4. FEI Numi 02-05			oplied For of Applicable			
Zip	Country		Zip Country		ntry	<del></del>	e of Status Desired	\$5.00 Add	lanoltit		
	6. Name	and Address of Current F	Registered Agent	<u>-</u>	- Name	7. Name an	d Address of New R	egistered Agent			
LEUCHTMAN, GARY B 3 WEST GARDEN ST., STE. 700 PENSACOLA, FL 32501						(P.O. Box Num	ber is Not Acceptable	o)			
					City	<u> </u>		Zip Cod	e		
6. The above	named entity	y submits this statement for	the purpose of changing its	register	ed office or registe	red agent, or b	oth, in the State of Flo	,	and accept		
SIGNATURE									_		
Signature, typed or printed name of registered egent and side 4 applicable. (NOTE: R				E: Registera	d Agent signature require	d when remetating)	<u> </u>	DATE			
Filing Foe is \$50.00 Due by May 1, 2005								e check payablé to Department of State	•		
9. TITLE	MGR	MANAGING MEMBER		10.			ADDITIONS/				
NAME	ELLIS, WI	LLIAM E JR	☐ Deleta	LITE				☐ Change	☐ Addition		
STREET ADDRESS CITY-ST-ZIP	SS 2446 FOXWARD RD SOUTH ORANGE PARK, FL 32073				ET ADDRESS -ST-ZIP	•					
. TITLE			☐ Delete	mu	· .			☐ Change	☐ Addition		
NAME STREET ADDRESS				NAM STRE	E ET ADDRESS						
CITY-ST-ZIP		<del></del>	☐ Gelete	CITY	-51-ZIP	<del></del>		☐ Change	☐ Addition		
NAME			LJ Delets	HAM	ε	٠.		☐ cusuge	∐ Accution		
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -SI-ZIP						
TITLE NAME		-	Deleta	LITT				Change	Addition		
STREET ADDRESS				STRE	ET ADDRESS • ST-ZIP						
ITTLE			Delteta	TITLE		<del></del>		Change	☐ Addition		
NAME STREET ADDRESS				nam Sife	E Et address						
CITY+ST-ZIP		·	☐ Delete	CITY	-ST-ZIP		· · · · <u>-</u>	<u> </u>	D &promon'		
NAME			C) Delete	NAM	£			☐ Change	☐ Addition		
STREET ADDRESS					ET ADDRESS -ST-ZIP				[		
CITY-ST-ZP		11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 cath; that I am a managing member or manager of the limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.									
11. hereby c	ertify that the on this repor bility compan	information supplied with the information supplied with the true and accurate and the receiver or trustee	this filing does not quality to hat my signature shall have empowered to execute this	the exec the same report as	mption stated in Se e legal effect as if n required by Chap	ection 119.07(3 made under cat iter 608, Florida	(i), Florida Statutes. I h; that I am e manag i Statutes.	further certify that the in ing member or manage	nformation r of the		