

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90010 025 ****50.00

DOCUMENT # L02000002900

1. Entity Name
ELOISE, LLC



Principal Place of Business
**1344 GRIFFIN RD
LEESBURG, FL 34748**

Mailing Address
**1344 GRIFFIN RD
LEESBURG, FL 34748**

DO NOT WRITE IN THIS SPACE



03182004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
80-0032340

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BARTKE, JUNE E
1344 GRIFFIN RD
LEESBURG, FL 34748**

**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 May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	BARTKE, JUNE
STREET ADDRESS	2403 LAKESIDE DR
CITY - ST - ZIP	LEESBURG, FL 34788
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)(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 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: *June E. Bartke* June E. Bartke, President

3/16/04 (352) 874-3108

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

Date

Daytime Phone #