

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90072 049 ***138.75

DOCUMENT # L02000005794

1. Entity Name
FIRST EVANGELICAL LUTHERAN CHURCH LLC



Principal Place of Business
**824 BEVEDERE ROAD
WEST PALM BEACH, FL 33405**

Mailing Address
**560 VILLAGE BLVD., STE. 335
WEST PALM BEACH, FL 33409**

60004326



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

420 COLUMBIA DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 110

01242008 Chg-LLC CR2E083 (12/06)

City & State

City & State

WEST PALM BEACH

4. FEI Number

59-6015982

Applied For

Not Applicable

Zip

Country

Zip

Country

33409-1986

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SELLARI, GARY B
560 VILLAGE BLVD. #335
WEST PALM BEACH, FL 33409**

7. Name and Address of New Registered Agent

Name

GARY B. SELLARI

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

420 COLUMBIA DRIVE

SUITE 110

City

WEST PALM BEACH

FL

Zip Code

33409-1986

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]

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

(NOTE: Registered Agent signature required when reinstating)

[Signature]

DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SELLARI, GARY B
560 VILLAGE BLVD., STE. 335
WEST PALM BEACH, FL 33409**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GARY B. SELLARI
420 COLUMBIA DRIVE STE 110
WEST PALM BEACH FL 33409-1986**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/24/08 (561)636-1110