APR. 11. 2005 1:58PM DIVINE BLALOCK MARTIN & SELLARI

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State
04-14-2005 90028 040 ****50.00

DOCUMENT # L02000015953

1. Entity Name
GUGELOT, LLC

20032561

Principal Place of Business
2160 IBIS ISLE RD., APT. 11
PALM BEACH, FL 33480

Mailing Address
2160 IBIS ISLE RD., APT. 11
PALM BEACH, FL 33480

2. Principal Place of Business | 3. Mailing Address

Suite, Apt. #, etc. | Suite, Apt. #, etc.

City & State | City & State

Zip | Country | Zip | Country

04112005 Chg-LLC CR2E083 (10/03)

4. FEI Number
75-3074209

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
SCHWARTZ, ROBERT D
555 S. FEDERAL HWY., STE. 330
BOCA RATON, FL 33432

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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, 2005

Make check payable to: Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	GUGELOT, STEFANIE	
STREET ADDRESS	2160 IBIS ISLE RD., APT. 11	
CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE	MGRM	☐ Delete
NAME	MARION, DEIDRE G	
STREET ADDRESS	296 MOLASSESS LANE	
CITY-ST-ZIP	MOUNT PLEASANT, SC 29464	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
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TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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: Stefanie Gugelot 4/11/05 561-493-3621
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Date | Daytime Phone #