

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90119 045 ***138.75

DOCUMENT # L02000015953

1. Entity Name

GUGELOT, LLC



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 - No P.O. Box #

3. Mailing Address

10 ACACIA DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Boynton Beach, FL

Zip

Country

Zip

Country

33436

USA

4. FEI Number

75-3074209

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHWARTZ, ROBERT D
4700 NW BOCA RATON BLVD
BOCA RATON FL 33431

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

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
GUGELOT, STEFANIE
2160 IBIS ISLE RD., APT. 11
PALM BEACH FL 33480 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MARION, DEIDRE G
762 NAVIGATORS RUN
MOUNT PLEASANT SC 29464 ☐ Delete

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE

Display P.V.#

1/28/08

561-493-3621