

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 07, 2008 8:00 am**  
**Secretary of State**

05-07-2008 90016 028 \*\*\*138.75

**DOCUMENT # L03000011468**

1. Entity Name

BRAY & GILLESPIE X, LLC



Principal Place of Business

600 NORTH ATLANTIC AVENUE  
DAYTONA BEACH, FL 32118

Mailing Address

600 NORTH ATLANTIC AVENUE  
DAYTONA BEACH, FL 32118

**60039823**



01142008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-0419140

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BRAY, CHARLES A  
600 NORTH ATLANTIC AVENUE  
DAYTONA BEACH, FL 32118

**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

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

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
BRAY, CHARLES A  
600 NORTH ATLANTIC AVENUE  
DAYTONA BEACH, FL 32118

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
GILLIESPIE, JOSEPH G  
600 NORTH ATLANTIC AVENUE  
DAYTONA BEACH, FL 32118

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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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 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:**

*Charles A Bray*

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

*1/22/08*

Date

*386-267-1603*

Daytime Phone #