2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

Sep 27, 2004 8:00 am Secretary of State **DOCUMENT # L03000013898** 09-10-2004 90061 002 ****50.00 1. Entity Name GENÉ SANTELLA, LLC Principal Place of Business Mailing Address 1872 OCEOLA ST. 34010577 1872 OCEOLA ST. TARPON SPRINGS, FL 34689 TARPON SPRINGS, FL 34689 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Applied For Not Applicable Country Country \$5.00 Additional Zip 7ip Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JAMES GULECES... GULEÇAS, JAMES, F.ESQ. Street Address (P.O. Box Num 2555 ENTERPRISE ROAD, STE. 15 CLEARWATER, FL 33763 DUNBOIN 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 F. GOLECAS, EIR. SIGNATURE Signature, typed or printed name (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by September 8, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR ☐ Addition TITLE Change TITLE ☐ Defele SANTELLA, GENE NAME NAME STREET ADDRESS 1872 OCEOLA ST. STREET ADDRESS TARPON SPRINGS, FL 34689 CITY-ST-2IP CITY-ST-ZIP TITLE Delete ME ☐ Change ☐ Addition NÀME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MILE ☐ Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE □ Change ☐ Addillion ШE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P 11. I hereby certify that the information supplied with this filling 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 eath; that I am a managing member or manager of the limited liability company or the receiver or true ee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

FILED



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

September 13, 2004

GENE SANTELLA, LLC 1872 OCEOLA ST. TARPON SPRINGS, FL 34689

Subject: EUGENE P. SANTELLA, LLC

Reference Number:

L03000013898

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 6478, TALLAHASSEE, FLORIDA 32314 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/bg ANNUAL REPORTS SECTION