

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/4/2

FILED
Jun 17, 2004 8:00 am
Secretary of State

05-04-2004 90027 015 ****50.00

DOCUMENT # L03000037900

1. Entity Name
GEMELLA, LLC



Principal Place of Business
**180 ROYAL PALM WAY, STE. 201
PALM BEACH, FL 33480**

Mailing Address
**180 ROYAL PALM WAY, STE. 201
PALM BEACH, FL 33480**

34008753



2. Principal Place of Business
120 Desota Road
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

04282004 Chg-LLC CR2E083 (10/03)

City & State
W. Palm Beach, Florida
Zip
33405
Country
USA

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TARONE, THEODORE T JR, ESQ.
STAMBAUGH & TARONE, P.A.
180 ROYAL PALM WAY, STE. 201
PALM BEACH, FL 33480**

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 fee if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Theodore Tarone Manager 120 Desota Rd W. Palm Beach FL 33405	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER JANE R. TARONE 120 Desota Rd. W. Palm Beach FL 33405	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 606, Florida Statutes.

SIGNATURE: **THEODORE TARONE**

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

4-29-04 5618320272

Date

Daytime Phone #