

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Sep 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000037900**

1. Entity Name  
**GEMELLA, LLC**



Principal Place of Business  
**120 DESOTA RD  
WEST PALM BEACH, FL 33405**

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



08282006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

**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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 6, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
TARONE, THEODORE  
120 DASOTA RD  
WEST PALM BEACH, FL 33405**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
TARONE, JANE R  
120 DASOTA RD  
WEST PALM BEACH, FL 33405**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
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U000000576324  
09/06/06-80007-022 50.00

**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:** \_\_\_\_\_

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

Date

Daytime Phone #

**9-5-2006**