## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L03000037900** 

1. Entity Name GEMELLA, LLC



**FILED** May 02, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

120 DESOTA RD WEST PALM BEACH, FL 33405

180 ROYAL PALM WAY, STE. 201 PALM BEACH, FL 33480



05012008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable	
5. Certificate of Status Desired	\$5.00 Additional Fee Required	

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TARONE, THEODORE T JR, ESQ

## NOT WOITE

180 ROYA	IGH & TARONE, P.A. L PALM WAY, STE. 201 ACH, FL 33480		IN THIS SPACE		
	named entity submits this statement for the purpose of cha ions of registered agent.	nging its registered office or registered agent, or bot	th, in the State of Florida II am familiar with, and accept		
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE		
After May	NOW!!! FEE IS \$138.75 1, 2008 Fee will be \$538.75				
9. HITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS  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		U00000948259 05/30/08-80040-015 138.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			NOT WRITE		

## IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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 hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes

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NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP THILE

STREET ADDRESS CITY-SI-ZIP

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

Daytime Phone #