

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) . .

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000044713 1. Entity Name CELLAND, LLC					
Principal Place of Business 3315 SE 25TH AVENUE OCALA FL 34471			Mailing Address 3315 SE 25TH AVENUE OCALA FL 34471		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 45-1208358				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HEALY, DONNA M 3315 SE 25TH AVENUE OCALA FL 34471			7. Name and Address of New Registered Agent 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 file if applicable (NOTE: Registered Agent signature required when a new change) (DATE)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP HEALY, DONNA M. 3315 SE 25 AVE. OCALA, FL. 34471 ☐ Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition		
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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 608, Florida Statutes.					
SIGNATURE:			Date: 2/8/2004 352-690-7100		

SIGNATURE AND TYPES ON PRINTED NAME OF BOARD MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Depository Phone #