

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000048509

Entity Name: GREG ELOWSKY, LLC

**FILED**  
**Jan 09, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

572 SUNSET POINTE DRIVE  
LAKE PLACID, FL 33852 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1586  
LAKE PLACID, FL 33862 US

**New Mailing Address:**

FEI Number: 33-1076741

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ELOWSKY, LAURA L  
572 SUNSET POINTE DR.  
LAKE PLACID, FL 33852 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: ELOWSKY, LAURA L MGR  
Address: 572 SUNSET POINTE DRIVE  
City-St-Zip: LAKE PLACID, FL 33852 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: LAURA L. ELOWSKY

MGR

01/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date