

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000048943**

1. Entity Name  
**GILOT, LLC**



Principal Place of Business  
**2909 ST. JOHNS AVENUE, #A13  
JACKSONVILLE, FL 32205**

Mailing Address  
**2909 ST. JOHNS AVENUE, #A13  
JACKSONVILLE, FL 32205**



03312006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**45-2173763**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

**BEARDSLEY, DALE A ESQ.  
4595 LEXINGTON AVENUE, SUITE #100  
JACKSONVILLE, FL 32210-2058**

**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 May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
NYGAARD, PATRICIA  
2909 ST. JOHNS AVENUE, #A13  
JACKSONVILLE, FL 32205**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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04/19/06-80085-022 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 this 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 #

*Patricia A. Nygaard*

*April 2, 06*

*904-387-6483*