

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90037 022 ****50.00

DOCUMENT # L04000033580

1. Entity Name
ELLIOTT & TABOR, LLC



Principal Place of Business
**101 TAYLOR STREET
PUNTA GORDA, FL 33950 US**

Mailing Address
**101 TAYLOR STREET
PUNTA GORDA, FL 33950 US**

DO NOT WRITE IN THIS SPACE



01062006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-1077335

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WOTITZKY, EDWARD L
109 TAYLOR STREET, SUITE 112
PUNTA GORDA, FL 33950**

**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 re-registering)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WOTITZKY, EDWARD L
109 TAYLOR STREET, SUITE 112
PUNTA GORDA, FL 33950**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BERSON, CECIL T
101 TAYLOR STREET
PUNTA GORDA, FL 33950**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 606, Florida Statutes.

SIGNATURE: _____

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

Date

Daytime Phone #

MGRM 01/09/06 9416393200