

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000036634

1. Entity Name
CELTAE, LLC



Principal Place of Business
82 6TH STREET
APALACHICOLA, FL 32320

Mailing Address
PO BOX 250
APALACHICOLA, FL 32329

BK

FILED
07 APR 18 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FL



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04122007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
80-0110563

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MONOD, OLIVIER
82 6TH STREET
APALACHICOLA, FL 32320

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

BK

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME ANCHOR REALTY & MORTGAGE COMPANY OF ST. GE
STREET ADDRESS 119 FRANKLIN BLVD
CITY-ST-ZIP ST. GEORGE ISLAND, FL 32328

TITLE MGRM ☒ Change ☐ Addition
NAME ANCHOR REALTY & MORTGAGE COMPANY OF
STREET ADDRESS 82 6TH STREET
CITY-ST-ZIP APALACHICOLA, FL 32320

TITLE MGRM ☐ Delete
NAME DUCIMETIERE-MONOD, OLIVIER
STREET ADDRESS 79 AVENUE G
CITY-ST-ZIP APALACHICOLA, FL 32320

TITLE ☐ Change ☐ Addition
NAME 900098318449
STREET ADDRESS 04/24/07--01054--020 **50.00
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 608, Florida Statutes.

SIGNATURE

[Signature]

4/16/07

850.899.7999