


# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 MAY -1 PM 3:19

<b>DOCUMENT # L04000045221</b> 1. Entity Name GELE, LLC	
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Principal Place of Business 8650 SOUTH OCEAN DRIVE, #906 JENSEN BEACH, FL 34957	Mailing Address 8650 SOUTH OCEAN DRIVE, #906 JENSEN BEACH, FL 34957
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DO NOT WRITE IN THIS SPACE



01052009 No Chg-LLC      CR2E083 (11/08)

4. FEI Number 57-1209527	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  GOODMAN, HERMAN 8650 SOUTH OCEAN DRIVE, #906 JENSEN BEACH, FL 34957-2153	DO NOT WRITE IN THIS SPACE
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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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE


FILE NOW!!! FEE IS \$138.75  
After May 1, 2009 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOODMAN, HERMAN 8650 SOUTH OCEAN DRIVE, #906 JENSEN BEACH, FL 349572153
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOODMAN, ROSEMARIE 8650 SOUTH OCEAN DRIVE, #906 JENSEN BEACH, FL 349572153
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05/01/09--01060--005 \*\*138.75



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: HERMAN GOODMAN  
*Herman Goodman*

4-20-09    772-229-8174

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #