

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 07, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000084194

1. Entity Name
ELIZABETH S. DELL, LLC



Principal Place of Business
**109 WEST SILVER SPRINGS BOULEVARD
OCALA, FL 34475**

Mailing Address
**109 WEST SILVER SPRINGS BOULEVARD
OCALA, FL 34475**



07062006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2304501

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GERSHOW, ELLEN R
203 NE 1ST STREET
GAINESVILLE, FL 32601**

**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 September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
WACHOVIA BANK, N.A.
109 WEST SILVER SPRINGS BOULEVARD
OCALA, FL 34475**

TITLE
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CITY-ST-ZIP

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1100000568336
07/07/06-80007-003 50.00

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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 608, Florida Statutes.

SIGNATURE: _____

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

07/06/2006

Date

352-620-7130

Daytime Phone #

**CONNIE E. BROWN
VICE PRESIDENT WACHOVIA BANK, N A**