


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000084194 1. Entity Name ELIZABETH S. DELL, LLC	
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Principal Place of Business 109 WEST SILVER SPRINGS BOULEVARD OCALA, FL 34475	Mailing Address 109 WEST SILVER SPRINGS BOULEVARD OCALA, FL 34475
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DO NOT WRITE IN THIS SPACE



01162008No Chg-LLC

CR2E083 (12/07)

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WACHOVIA BANK, N.A. 109 WEST SILVER SPRINGS BOULEVARD OCALA, FL 34475
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01/29/08-80033-022 138.75

**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 the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Connie Brown

1/18/2008

352-620-7130

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

Date

Daytime Phone #

CONNIE BROWN, SR. VP WACHOVIA BANK, N. A.