

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Jun 28, 2006 8:00 am
Secretary of State

05-05-2006 90028 049 ****50.00

DOCUMENT # L05000062955					
1. Entity Name GILLMARK PROPERTIES, LLC					
Principal Place of Business 15 PARADISE PLACE, NO. 164 SARASOTA, FL 34239			Mailing Address 15 PARADISE PLACE, NO. 164 SARASOTA, FL 34239		
2. Principal Place of Business			3. Mailing Address		
Suits, Apt. #, etc.			Suits, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 04242006 Chg-LLC CR2E083 (11/05) EIN 20-3523787	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FELDMAN, MARC H 3908 28TH WEST BRADENTON, FL 34205				7. Name and Address of New Registered Agent 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 file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Marc Pelletz / CO owner ☐ Delete 15 Paradise Pl #164 Sarasota, FL 34242		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Gillis Armand / Coowner ☐ Delete 8781 Misty Creek Dr Sarasota, FL 34241		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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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: 			Marc Pelletz 4/25/06 941-809-3869		
SIGNATURE AND TYPED OR PRINTED NAME OF RECORDING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

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