

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000072482

FILED  
Sep 04, 2007  
Secretary of State

Entity Name: ELLEFSON ENTERPRISES, LLC

**Current Principal Place of Business:**

2675 CRAG STREET  
FT MYERS, FL 33901

**New Principal Place of Business:**

**Current Mailing Address:**

5715 STONEHAVEN DR  
N FT MYERS, FL 33903

**New Mailing Address:**

FEI Number: 20-4159619      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

ELLEFSON, JENNIFER L  
5715 STONEHAVEN DR  
N FT MYERS, FL 33901      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ELLEFSON, KEN J  
Address: 5715 STONEHAVEN DR  
City-St-Zip: N FT MYERS, FL 33901

Title: MGRM ( ) Delete  
Name: ELLEFSON, JENNIFER L  
Address: 5715 STONEHAVEN DR  
City-St-Zip: N FT MYERS, FL 33901

Title: MGRM ( ) Delete  
Name: BALDWIN, ALICE A  
Address: 4210 SE 19TH AVE 33904  
City-St-Zip: CAPE CORAL, FL 33904

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JENNIFER ELLEFSON

MGRM

09/04/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date