2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jun 19, 2006 8:00 am
Secretary of State
05-05-2006 90025 036 ****50.00

DOCUMENT # L05000087818

1. Entity Name
6111 GILLOT LLC

Principal Place of Business	Mailing Address
15578 MEACHAM CIRCLE PORT CHARLOTTE, FL 33981 US	2224 EL JOBEAN ROAD PORT CHARLOTTE, FL 33948 US

30010749

2. Principal Place of Business	3. Mailing Address
	15578 MEACHAM CIRCLE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: PORT CHARLOTTE, FL
Zip / Country	Zip: 33981 / Country: USA

04032006 Chg-LLC CR2E083 (11/05)

4. FEI Number: 76-0830696 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSS, WARREN
990 W. MARION AVENUE
SUITE 990
PUNTA GORDA, FL 33950

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 title 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

TITLE	MGRM	☐ Delete
NAME	PINARD, ARMAND	
STREET ADDRESS	15578 MEACHAM CIRCLE	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33981	
TITLE	MGRM	☐ Delete
NAME	PINARD, IRENE	
STREET ADDRESS	15578 MEACHAM CIRCLE	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33981	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Irene Pinard 4-24-06 941-883-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #