

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 17, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000087818

1. Entity Name
6111 GILLOT LLC



Principal Place of Business
**15578 MEACHAM CIRCLE
PORT CHARLOTTE, FL 33981 US**

Mailing Address
**15578 MEACHAM CIRCLE
PORT CHARLOTTE, FL 33981 US**



04072008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 76-0830696	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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**

**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**

000000904436
05/01/08 00013 012 138.75

9. MANAGING MEMBERS/MANAGERS

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

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

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: _____

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

Date

Daytime Phone #

IRENE C PINARD

4-10-08

941-883-8800