

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90071 014 ***138.75

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1. Entity Name
ELLIS GROVE, LLC



Principal Place of Business

**11812 SPANISH LAKE DR
TAMPA, FL 33635**

Mailing Address

**11812 SPANISH LAKE DR
TAMPA, FL 33635**

*Symphony Isles Blvd
Apollo Beach, FL 33572*

2. Principal Place of Business - No P.O. Box #

1009 Symphony Isles Blvd

3. Mailing Address

1009 Symphony Isles Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Apollo Beach, FL

City & State

Apollo Beach, FL

Zip

33572

Country

Zip

33572

Country

01212008

Chg-LLC

CR2E083 (12/06)

4. FEI Number

20-4735073

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SCHMIDT, DARLENE
1009 SYMPHONY ISLES BLVD
APOLLO BEACH, FL 33572**

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

Darlene Schmidt

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**

**Make check payable to:
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME SACARELLO, JAMES R
STREET ADDRESS 11812 SPANISH LAKE DRIVE
CITY-ST-ZIP TAMPA, FL 33635

TITLE MGRM ☐ Delete
NAME ENTRUST OF TAMPA BAY, LLC, IRA
STREET ADDRESS 451 CENTRAL PARK DR
CITY-ST-ZIP LARGO, FL 33771

TITLE MGRM ☐ Delete
NAME ENTRUST OF TAMPA BAY, LLC, IRA
STREET ADDRESS 451 CENTRAL PARK DR
CITY-ST-ZIP LARGO, FL 33771

TITLE MGRM ☐ Delete
NAME SCHMIDT, ANDREW H
STREET ADDRESS 1009 SYMPHONY ISLES BLVD
CITY-ST-ZIP APOLLO BEACH, FL 33572

TITLE MGRM ☐ Delete
NAME SCHMIDT, DARLENE J
STREET ADDRESS 1009 SYMPHONY ISLES BLVD
CITY-ST-ZIP APOLLO BEACH, FL 33572

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
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
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:

Darlene Schmidt MGRM

1/21/08

813-641-1598

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

Date

Daytime Phone #