

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000041982

**FILED**  
**Feb 15, 2011**  
**Secretary of State**

**Entity Name:** ELLIS GROVE, LLC

**Current Principal Place of Business:**

1009 SYMPHONY ISLES BLVD  
APOLLO BEACH, FL 33572

**New Principal Place of Business:**

**Current Mailing Address:**

1009 SYMPHONY ISLES BLVD  
APOLLO BEACH, FL 33572

**New Mailing Address:**

**FEI Number:** 20-4735073

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

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:** MGR  
**Name:** SACARELLO, JAMES R  
**Address:** 11812 SPANISH LAKE DRIVE  
**City-St-Zip:** TAMPA, FL 33635

**Title:** MGRM  
**Name:** SCHMIDT, ANDREW H  
**Address:** 1009 SYMPHONY ISLES BLVD  
**City-St-Zip:** APOLLO BEACH, FL 33572

**Title:** MGRM  
**Name:** SCHMIDT, DARLENE J  
**Address:** 1009 SYMPHONY ISLES BLVD  
**City-St-Zip:** APOLLO BEACH, FL 33572

I hereby 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:** DARLENE SCHMIDT

MGRM

02/15/2011

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