

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000048315

Entity Name: GRYPHON ADVISORY LLC

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

673 OCEAN PALM WAY  
SAINT AUGUSTINE, FL 32080

**New Principal Place of Business:**

**Current Mailing Address:**

673 OCEAN PALM WAY  
SAINT AUGUSTINE, FL 32080

**New Mailing Address:**

FEI Number: 27-0221768

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LANGSTON, ROBERT T  
673 OCEAN PALM WAY  
SAINT AUGUSTINE, FL 32080 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: MGRM  
Name: LANGSTON, ROBERT T  
Address: 673 OCEAN PALM WAY  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: MGRM  
Name: LANGSTON, CHERRIE G  
Address: 673 OCEAN PALM WAY  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: MGRM  
Name: LANGSTON, MARY-ELIZABETH  
Address: 244 OSCEOLA COURT  
City-St-Zip: WINTER PARK, FL 32789

Title: MGRM  
Name: LANGSTON, ROBERT R  
Address: 673 OCEAN PALM WAY  
City-St-Zip: SAINT AUGUSTINE, FL 32080

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: ROBERT T. LANGSTON

MGRM

01/05/2011

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