

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 22, 2008 08:00 AM
Secretary of State

DOCUMENT # L99000006403

1. Entity Name
E-TINIAN, L.L.C.



Principal Place of Business
2100 COUNTRY CLUB RD
SANFORD, FL 32771

Mailing Address
2100 COUNTRY CLUB RD
SANFORD, FL 32771



02072008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3497806

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRAY, N. DWAYNE JR.
C/O GREENSPOON, MARDER, ET AL
201 E PINE ST STE 500
ORLANDO, FL 32801

**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

000000835678
02/29/08-80044-006 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
GILARDI MANAGMENT SERVICES, LLC
2100 COUNTRY CLUB RD
SANFORD, FL 32771

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
SCHLATER, JOHN
615 COPELAND MILL ROAD
WESTERVILLE, OH 43081

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
GRAY, N. DWAYNE JR
201 E PINE ST, STE 500
ORLANDO, FL 32801

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
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CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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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

2/21/08

Date

407-425-6559

Daytime Phone #