

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90045 022 ****50.00

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03112005 Chg-LLC CR2E083 (10/03)

DOCUMENT # M02000002667 1. Entity Name GARDELLA ENTERPRISES LLC					
Principal Place of Business 237 N. WILD OLIVE AVENUE DAYTONA BEACH, FL 32118			Mailing Address 237 N. WILD OLIVE AVENUE DAYTONA BEACH, FL 32118		
2. Principal Place of Business 210 BENJAMIN DRIVE <small>Suite, Apt. #, etc.</small>		3. Mailing Address 210 BENJAMIN DRIVE <small>Suite, Apt. #, etc.</small>			
City & State ORMOND BEACH FL <small>Zip</small> 32176 <small>Country</small> Volusia		City & State ORMOND BEACH FL <small>Zip</small> 32176 <small>Country</small> Volusia		4. FEI Number 82-0549426	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GARDELLA, JOHN R 237 N. WILD OLIVE AVE DAYTONA BEACH, FL 32118			7. Name and Address of New Registered Agent Name GARDELLA, JOHN R Street Address (P.O. Box Number is Not Acceptable) 210 BENJAMIN DRIVE City ORMOND BEACH FL <small>Zip Code</small> 32176		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	MGRM GARDELLA, JOHN R 237 N. WILD OLIVE AVE DAYTONA BEACH, FL 32118 <input type="checkbox"/> Delete		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	MGRM GARDELLA, JESSICA A 237 N. WILD OLIVE AVE DAYTONA BEACH, FL 32118 <input type="checkbox"/> Delete		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Delete		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: John R Gardella 5-1-05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					