

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # M04000003717**

1. Entity Name  
**ELLINGTON ENTERPRISES LLC**



Principal Place of Business \_\_\_\_\_ Mailing Address \_\_\_\_\_  
**1203 N. MARYLAND AVE** **1203 N. MARYLAND AVE**  
**PLANT CITY, FL 33563** **PLANT CITY, FL 33563**



04132005 No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **05-0604816** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**HAMEL, MARIA**  
**1203 N MARYLAND AVE**  
**PLANT CITY, FL 33563**

**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 \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2005**

U000000310418  
04/18/05-80003-025 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE **MGR**  
NAME **HAMEL, MARIA**  
STREET ADDRESS **1203 N MARYLAND AVE**  
CITY-ST-ZIP **PLANT CITY, FL 33563**

TITLE **MGR**  
NAME **SIMMONS, DAVID**  
STREET ADDRESS **1203 N MARYLAND AVE**  
CITY-ST-ZIP **PLANT CITY, FL 33563**

TITLE **MGR**  
NAME **HANSEN, BERT**  
STREET ADDRESS **1203 N MARYLAND AVE**  
CITY-ST-ZIP **PLANT CITY, FL 33563**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

**4/13/05**  
Date

**813-764-0577**  
Daytime Phone #