

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 13, 2008 8:00 am
Secretary of State

05-07-2008 90016 004 ***138.75

DOCUMENT # M07000000654	
1. Entity Name BRAY & GILLESPIE LLC LVIII	

Principal Place of Business 600 NORTH ATLANTIC AVENUE DAYTONA BEACH, FL 32118	Mailing Address 600 NORTH ATLANTIC AVENUE DAYTONA BEACH, FL 32118
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01142008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-8017169	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent BRAY, CHARLES A 600 NORTH ATLANTIC AVENUE DAYTONA BEACH, FL 32118	
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**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 fee if applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR BRAY, CHARLES A 600 NORTH ATLANTIC AVENUE DAYTONA BEACH, FL 32118 <i>Delet</i> ☒
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR GILLESPIE, JOSEPH G 600 NORTH ATLANTIC AVENUE DAYTONA BEACH, FL 32118 <i>Gillespie</i> <i>Delet</i> ☒
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Bray & Gillespie LLC III 600 N. Atlantic Ave Daytona Beach, FL 32118
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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 808, Florida Statutes.

SIGNATURE: Charles A Bray 1/23/08 386-267-1603
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #