

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000080693

Entity Name: ELLGLEN ASSOCIATES, LLC**Current Principal Place of Business:**830 NORTH SHORE DR NE
10 I
ST PETERSBURG, FL 33701**Current Mailing Address:**P O BOX 1555
ST PETERSBURG, FL 33731 US**FEI Number:** 59-2311241**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MILLS, ELIZABETH A
830 NORTH SHORE DR NE
10 I
ST PETERSBURG, FL 33701 US*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:** ELIZABETH A MILLS**02/27/2018**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name JACOBSON, RICHARD E
Address 830 NORTH SHORE DR NE
City-State-Zip: ST PETERSBURG FL 33701

Title MGR
Name JACOBSON , MATTHEW D
Address 1111 ABBEYS WAY
City-State-Zip: TAMPA FL 33602

Title MGR
Name ROBERTS, LLOYD
Address 1933 OCEANVIEW DRIVE
City-State-Zip: TIERRA VERDE FL 33715

Title MGR
Name GRAMLING, JAMES E
Address 1933 OCEANVIEW DRIVE
City-State-Zip: TIERRA VERDE FL 33715

Title MGR
Name STEVEN J. RUFFKESS REVOCABLE
TRUST, U/A/D MARCH 5, 2014
Address 1933 OCEANVIEW DRIVE
City-State-Zip: TIERRA VERDE FL 33718

Title MGR
Name RIDEN, NANCY
Address 1933 OCEANVIEW DRIVE
City-State-Zip: TIERRA VERDE FL 33715

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ELIZABETH MILLS**AGENT****02/27/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date