

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000076503

FILED  
Mar 11, 2008  
Secretary of State

Entity Name: THE STENCIL COLLECTION, LLC

**Current Principal Place of Business:**

2701 NORTH WOODLAND BLVD  
DELAND, FL 32724

**New Principal Place of Business:**

**Current Mailing Address:**

3627 ROYAL FERN CIRCLE  
DELAND, FL 32724

**New Mailing Address:**

FEI Number: 20-3424371

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RISTING, ROBERT P  
3627 ROYAL FERN CIRCLE  
DELAND, FL 32724 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PD ( ) Delete  
Name: RISTING, ROBERT P  
Address: 3627 ROYAL FERN CIRCLE  
City-St-Zip: DELAND, FL 32724 US

Title: VPD ( ) Delete  
Name: RISTING, FRANCES L  
Address: 3627 ROYAL FERN CIRCLE  
City-St-Zip: DELAND, FL 32724 US

Title: TR ( ) Delete  
Name: MAENZA, CORRENE D  
Address: 3627 ROYAL FERN CIRCLE  
City-St-Zip: DELAND, FL 32724 US

Title: STY ( ) Delete  
Name: RISTING, KATHERIN T  
Address: 3627 ROYAL FERN CIRCLE  
City-St-Zip: DELAND, FL 32724 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: ROBERT P RISTING

PD

03/11/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date