

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000122444

FILED  
Apr 07, 2009  
Secretary of State

Entity Name: STILES FAMILY FARM, LLC

**Current Principal Place of Business:**

7604 DUNBRIDGE DRIVE  
ODESSA, FL 33556

**New Principal Place of Business:**

**Current Mailing Address:**

7604 DUNBRIDGE DRIVE  
ODESSA, FL 33556

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

LASMAN, JEFFREY M ESQ.  
C/O LASMAN LAW FIRM, P.A.  
6152 DELANCEY STATION STREET, SUITE 205  
RIVERVIEW, FL 33569 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: MGRM ( ) Delete  
Name: STILES, JAMES E JR.  
Address: 7604 DUNBRIDGE DRIVE  
City-St-Zip: ODESSA, FL 33556

Title: MGRM ( ) Delete  
Name: BAST, JOHN T III  
Address: 7604 DUNBRIDGE DRIVE  
City-St-Zip: ODESSA, FL 33556

Title: MGRM ( ) Delete  
Name: BAST, REBECCA L  
Address: 7604 DUNBRIDGE DRIVE  
City-St-Zip: ODESSA, FL 33556

**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:

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: JOHN T. BAST III

MGRM

04/07/2009

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