2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000002415

1. Entity Name
STOER BUILDING, LLC

Principal Place of Business	Mailing Address
1300 W. NORTH BLVD LEESBURG, FL 34748	1300 W. NORTH BLVD LEESBURG, FL 34748

DO NOT WRITE IN THIS SPACE

01072008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
59-3628250	Not Applicable

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

6. Name and Address of Current Registered Agent

GRIZZARD, THOMAS N
1300 W. NORTH BLVD
LEESBURG, FL 34748

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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

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

L00000838984
03/05/08-80051-020 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	GRIZZARD, THOMAS N
STREET ADDRESS	1300 W. NORTH BLVD
CITY-ST-ZIP	LEESBURG, FL 34748
TITLE	MEM
NAME	MILLER, JAMES L
STREET ADDRESS	1300 W. NORTH BLVD
CITY-ST-ZIP	LEESBURG, FL 34748
TITLE	MEM
NAME	COOK, CATHY
STREET ADDRESS	3205 SILVER LAKE DR
CITY-ST-ZIP	LEESBURG, FL 34748
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 exemptions contained in Chapter 119, 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: _____   2/16/08   352 787 6966

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #