

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Sep 03, 2004 8:00 am**  
**Secretary of State**

09-03-2004 90037 039 \*\*\*\*50.00

<b>DOCUMENT # L00000007283</b>	
<b>1. Entity Name</b> LORI STANGHERLIN INTERIOR DESIGN, LLC	

<b>Principal Place of Business</b> 4270 AUSTON WAY PALM HARBOR FL 34685-4004	<b>Mailing Address</b> 4270 AUSTON WAY PALM HARBOR FL 34685-4004
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<b>2. Principal Place of Business</b> 2746 SAND HOLLOW CT. Suite, Apt. #, etc.	<b>3. Mailing Address</b> 2746 SAND HOLLOW CT Suite, Apt. #, etc.
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<b>City &amp; State</b> CLEARWATER FL	<b>City &amp; State</b> CLEARWATER FL
<b>Zip</b> 33761	<b>Zip</b> 33761
<b>Country</b> USA	<b>Country</b> USA

<b>4. FEI Number</b> 59-3656330	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>  CONTER, C. MICHAEL 720 E. FLETCHER AVENUE, SUITE 110 TAMPA FL 33612
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<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By September 8, 2004</b>
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9. MANAGING MEMBERS/MANAGERS	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP
MGRM STANGHERLIN, LORI E 4270 AUSTON WAY PALM HARBOR FL 34685-4004	2746 Sand Hollow Clearwater FL 33761
<input type="checkbox"/> Delete	<input type="checkbox"/> Delete
<input type="checkbox"/> Delete	<input type="checkbox"/> Delete
<input type="checkbox"/> Delete	<input type="checkbox"/> Delete
<input type="checkbox"/> Delete	<input type="checkbox"/> Delete
<input type="checkbox"/> Delete	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *Lori E. Stangherlin* **9.1.04** **727.796.2357**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE **Date** **Daytime Phone #**