

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 10, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000012471

1. Entity Name

**METTLER, SHELTON, RANDOLPH, CARROLL &
STERLACCI, P.L.**



Principal Place of Business

**340 ROYAL POINCIANA WAY, SUITE 340
PALM BEACH, FL 33480**

Mailing Address

**340 ROYAL POINCIANA WAY, SUITE 340
PALM BEACH, FL 33480**



07102007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

80-0035089

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SHELTON, JOHN W
340 ROYAL POINCIANA WAY, SUITE 340
PALM BEACH, FL 33480**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
JOHN, RANDOLPH C II
340 ROYAL POINCIANA WAY, SUITE 340
PALM BEACH, FL 33480**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SHELTON, JOHN W
340 ROYAL POINCIANA WAY, SUITE 340
PALM BEACH, FL 33480**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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08/10/07-80004-010-50.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

8/10/07 581.883.9661