2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 14, 2007 8:00 am
Secretary of State
02-14-2007 90220 040 ****50.00

DOCUMENT # L01000017775

1. Entity Name

KATHY STIGAR C.R.N.A. LLC

Principal Place of Business	Mailing Address
27197 GASPARILLA DR BONITA SPRINGS FL 34135 US	27197 GASPARILLA DR BONITA SPRINGS FL 34135 US

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
24889 Valdez Ct.	24889 Valdez Ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BONITA SPRINGS FL	City & State: BONITA SPGS, FL
Zip: 34135 Country: USA	Zip: 34135 Country: USA

4. FEI Number: 80-0004457 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STIGAR, KATHY R CRNA
27197 GASPARILLA DR
BONITA SPRINGS FL 34135

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 ______________________________ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM KATHY, STIGAR 27197 GASPARILLA DR BONITA SPRINGS FL 34135	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	24889 Valdez Ct. Bonita Spgs FL 34135	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Kathleen Stigar CRNA [signature] 02/05/07 (239) 495-9917

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