

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 27, 2004 8:00 am
Secretary of State

07-27-2004 90001 016 ****50.00

DOCUMENT # L02000000738

1. Entity Name
STR, LLC



Principal Place of Business
5935 VINTAGE OAKS CIRCLE
DELRAY BEACH, FL 33484

Mailing Address
5935 VINTAGE OAKS CIRCLE
DELRAY BEACH, FL 33484

14026929



07122004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3613918

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARRY, STANLEY
5935 VINTAGE OAKS CIRCLE
DELRAY BEACH, FL 33484

**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 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	DBUTSCH, JEROME
STREET ADDRESS	4545 N. OCEN BLVD.
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	MGR
NAME	HERMAN, MILTON
STREET ADDRESS	21696 RALM CIR.
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	MGR
NAME	BARRY, STANLEY
STREET ADDRESS	5935 VINTAGE OAKS CIR.
CITY-ST-ZIP	DELRAY BEACH, FL 33484
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 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: X

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

Date

Daytime Phone #

7/21/04

561-865-5400