

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 12, 2008 8:00 am
Secretary of State

05-12-2008 90120 009 ***138.75

DOCUMENT # L02000001655

1. Entity Name
STAFFORD HOLDINGS, LLC



Principal Place of Business

**601 UNIVERSITY BLVD
102
JUPITER, FL 33458**

Mailing Address

**18171 SE ISLAND DRIVE
102
JUPITER, FL 33458**

60040692



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

9216 S.E. River Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04102008 Chg-LLC CR2E083 (12/06)

City & State

City & State
Tequesta FL

4. FEI Number
75-2978771

Applied For
Not Applicable

Zip Country

Zip Country

33469

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STAFFORD, J. MARK
601 UNIVERSITY BLVD
102
JUPITER, FL 33458**

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

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**

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME STAFFORD, J. MARK
STREET ADDRESS 601 UNIVERSITY BLVD
CITY-ST-ZIP JUPITER, FL 33458

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 9216 S.E. River Terrace
CITY-ST-ZIP Tequesta FL 33469

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

J. Mark Stafford

4/18/08

Date

**561
748 9212**

Daytime Phone #