

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90434 026 ****50.00

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1. Entity Name
STANTON & SAMUEL PUBLISHING, L.L.C.



Principal Place of Business
482 JACKSONVILLE DRIVE
JACKSONVILLE BEACH, FL 32250

Mailing Address
482 JACKSONVILLE DRIVE
JACKSONVILLE BEACH, FL 32250



03092007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3652795

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FAIRBANKS, RANDAL C
76 S. LAURA ST. SUITE 1700 8110
JACKSONVILLE, FL 32202

**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

Randal C. Fairbanks

3-21-07

Signature, typed or printed name of registered agent, or both, if applicable

(NOTE: Registered Agent signature required when re-appointing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BURAK, CARL S DR.
STREET ADDRESS	482 JACKSONVILLE DRIVE
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	MGR
NAME	DARIENZO, DENNIS L
STREET ADDRESS	7580 FOUNDERS CT
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 320821907
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

D. Z. D'Amico

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

3/9/07

Date

904 285-2632

Daytime Phone *