

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90252 009 ****50.00

DOCUMENT # L02000012601

1. Entity Name
STINKY KNOLL, LLC



Principal Place of Business

~~205 PLEASANT STREET~~
~~PAXTON, MA 01612~~

**93 Pine Arden Drive
W. Boylston, MA 01583**

Mailing Address

~~205 PLEASANT STREET~~
~~PAXTON, MA 01612~~

**93 Pine Arden Drive
W. Boylston, MA 01583**

DO NOT WRITE IN THIS SPACE

03042004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
01-0715442

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LEVINE & SEGAUL, P.A.
4300 N. UNIVERSITY DRIVE A-106
FORT LAUDERDALE, FL 33351**

**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 May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM**
NAME **RICHARDS, ELISABETH M**
STREET ADDRESS **205 PLEASANT STREET**
CITY-ST-ZIP **PAXTON, MA 01612**

TITLE **MGRM**
NAME **Marvin I. Lainer, Executor**
STREET ADDRESS **Elisabeth M. Richards Estate**
CITY-ST-ZIP **93 Pine Arden Drive
W. Boylston, MA 01583**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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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: *Marvin I. Lainer*

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

Date

Daytime Phone #

3/21/2004 508-835-4318