

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000023309

Entity Name: STIN, L.L.C.

**FILED**  
**Apr 22, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1401 SOUTH OCEAN BLVD., APT. 409  
FORT LAUDERDALE, FL 33062

**New Principal Place of Business:**

26365 STONEWALL LANE  
BONITA SPRINGS, FL 34135

**Current Mailing Address:**

1401 SOUTH OCEAN BLVD., APT. 409  
FORT LAUDERDALE, FL 33062

**New Mailing Address:**

26365 STONEWALL LANE  
BONITA SPRINGS, FL 34135

FEI Number: 56-2302105

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STOCKINGER, FRANK  
1401 SOUTH OCEAN BLVD., APT. 409  
FORT LAUDERDALE, FL 33062 US

**Name and Address of New Registered Agent:**

STOCKINGER, FRANK  
26365 STONEWALL LANE  
BONITA SPRINGS, FL 3435 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

04/22/2011

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: STOCKINGER, FRANK N  
Address: 26265 STONEWALL LANE  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: MGR  
Name: STOCKINGER, MARGARET  
Address: 26365 STONEWALL LANE  
City-St-Zip: BONITA SPRINGS, FL 34135

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: FRANK N, STOCKINGER

MANG

04/22/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date