

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 20, 2007 08:00 A
Secretary of State

DOCUMENT # L02000027283

1. Entity Name
STEPHEN GALINSKI, LLC



Principal Place of Business
**1531 S. TAMiami TRAIL
#703
VENICE, FL 34285**

Mailing Address
**1531 S. TAMiami TRAIL
#703
VENICE, FL 34285**

DO NOT WRITE IN THIS SPACE



02272007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
80-0044915

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KHLEIF, ROD
1531 S. TAMiami TRAIL
#703
VENICE, FL 34285**

**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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	KHLEIF, ROD
STREET ADDRESS	1531 S. TAMiami TRAIL
CITY-ST-ZIP	VENICE, FL 34285

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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05/01/07-80043-021 50.00

**DO NOT WRITE
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: _____

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

Rod Khleif

4/12/07

Date

941.492.5222

Daytime Phone #