

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000031449 1. Entity Name STENGER VARNER, LLC	
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Principal Place of Business
**4550 J. STENGER RD
BARTOW, FL 33830**

Mailing Address
**P.O. BOX 1452
BARTOW, FL 33831**



01092008 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 82-0572260	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$6.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**STENGER, MICHAEL
4550 J. STENGER RD.
BARTOW, FL 33830**

**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 re-registering)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

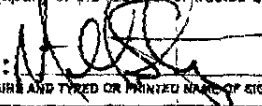
**000003401480
02/02/06-80047-003 50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STENGER, MICHAEL P.O. BOX 1452 BARTOW, FL 33831
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VARNER, KEVIN P.O. BOX 1679 DUNDEE, FL 33838
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:  **MICHAEL STENGER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-10-06 863-537-1443

Date

Daytime Phone #