

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90421 011 ****50.00

DOCUMENT # L02000033052

1. Entity Name

STAMPEDE LLC



Principal Place of Business

**142 PINE HILL TRAIL WEST
TEQUESTA FL 33469**

Mailing Address

**142 PINE HILL TRAIL WEST
TEQUESTA FL 33469**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

86-1081864

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RIPMA, GORDON
142 PINE HILL TRAIL WEST
TEQUESTA FL 33469**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	RIPMA, GORDON	
STREET ADDRESS	142 PINE HILL TRAIL WEST	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	RIPMA, MARIAH E	
STREET ADDRESS	142 PINE HILL TRAIL WEST	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	RIPMA, JERILEE	
STREET ADDRESS	142 PINE HILL TRAIL WEST	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	RIPMA, MONIQUE	
STREET ADDRESS	142 PINE HILL TRAIL WEST	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	RIPMA, GORDON JR	
STREET ADDRESS	142 PINE HILL TRAIL WEST	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

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

Date

Daytime Phone #

Gordon Ripma
GORDON RIPMA

4/14/04 **561 7440301**