

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

0002 6 6 MAR 9 2005 T. Roberts

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

RIPMA, GORDON  
142 PINE HILL TRAIL WEST  
TEQUESTA FL 33469

7. Name and Address of New Registered Agent

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, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME RIPMA, GORDON  
STREET ADDRESS 142 PINE HILL TRAIL WEST  
CITY-ST-ZIP TEQUESTA FL 33469

TITLE MGR ☐ Delete  
NAME RIPMA, MARIAH E  
STREET ADDRESS 142 PINE HILL TRAIL WEST  
CITY-ST-ZIP TEQUESTA FL 33469

TITLE MGR ☐ Delete  
NAME RIPMA, JERILEE  
STREET ADDRESS 142 PINE HILL TRAIL WEST  
CITY-ST-ZIP TEQUESTA FL 33469

TITLE MGR ☐ Delete  
NAME RIPMA, MONIQUE  
STREET ADDRESS 142 PINE HILL TRAIL WEST  
CITY-ST-ZIP TEQUESTA FL 33469

TITLE MGR ☐ Delete  
NAME RIPMA, GORDON JR  
STREET ADDRESS 142 PINE HILL TRAIL WEST  
CITY-ST-ZIP TEQUESTA FL 33469

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 #

FILED  
05 MAR 22 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1st MOORE

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