

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90002 028 ****50.00

20014323



02272006 Chg-LLC CR2E083 (11/05)

4. FEI Number 51-0454246 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DOCUMENT # L03000008584
1. Entity Name
STOCK COMMUNITY SERVICES, LLC



Principal Place of Business 4501 TAMiami TR NORTH SUITE 300 NAPLES, FL 34103 US
Mailing Address 4501 TAMiami TR NORTH SUITE 300 NAPLES, FL 34103 US

2. Principal Place of Business 4980 Tamiami Trail No. 3. Mailing Address No change

Suite, Apt. #, etc. Suite 101 Suite, Apt. #, etc.

City & State Naples, FL City & State

Zip 34103 Country Zip Country

6. Name and Address of Current Registered Agent
COLEMAN, KEVIN G
4001 TAMiami TRAIL NORTH, SUITE 300
NAPLES, FL 34103

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STOCK, BRIAN K 4501 TAMiami TRL N STE 300 NAPLES, FL 34103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BLACK, BRAD 4501 TAMiami TRL N STE 300 NAPLES, FL 34103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Blaine Spivey <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4980 Tamiami Trail N. Ste 101 Naples, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Sandra Houldsworth <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4980 Tamiami Tr. N. Ste 101 Naples, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Sandra Houldsworth 3-6-06 239-261-9732
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #