


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

02-14-2008 90075 006 \*\*\*138.50  
L03000010112

**DOCUMENT # L03000010112**

1. Entity Name  
**STASIS, L.L.C.**



**FILED**  
**08 FEB 27 AM 10:05**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Principal Place of Business  
C/O 12855 SANCTUARY COVE DR. #2123  
TEMPLE TERRACE, FL 33637

Mailing Address  
C/O 12855 SANCTUARY COVE DR. #2123  
TEMPLE TERRACE, FL 33637



2. Principal Place of Business - No P.O. Box #  
**4012916 Sanctuary Cove Drive**  
State, Apt. #, etc.  
**#202**

3. Mailing Address  
**4012916 Sanctuary Cove Drive**  
State, Apt. #, etc.  
**#202**

City & State  
**Temple Terrace, Florida**

City & State  
**Temple Terrace, Florida**

Zip  
**33637** Country  
**USA**

Zip  
**33637** Country  
**USA**

02122008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**13-4232786** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**SIMMONS, DAVID**  
**6312 US HWY 301**  
**NORTH 238**  
**ELLENTON, FL 34222**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when necessary)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

Make check payable to  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DONOVAN, SEAN 12855 SANCTUARY COVE DRIVE #2123 TAMPA, FL 33637 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Donovan, Sean 12916 Sanctuary Cove Drive #202 Temple Terrace, Florida 33637 <input checked="" 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
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
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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 606, Florida Statutes.

SIGNATURE: Sean Donovan **Sean Donovan** February 12, 2008 **8139774571**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #