

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000011891

1. Entity Name  
STELLA DEL MAR, LLC



FILED

04 MAR 11 PM 3:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
% J. PAUL RAYMOND  
625 COURT STREET, SUITE 200  
CLEARWATER, FL 33756

Mailing Address  
% J. PAUL RAYMOND  
625 COURT STREET, SUITE 200  
CLEARWATER, FL 33756



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

02242004 Chg-LLC CR2E083 (10/03)

City & State  
Zip Country

City & State  
Zip Country

4. FEI Number ☒ Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

RAYMOND, J. PAUL  
625 COURT STREET, SUITE 200  
CLEARWATER, FL 33756

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, 2004

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME SZABO, JULIUS J  
STREET ADDRESS 3510 MANCHESTER ROAD  
CITY-ST-ZIP AKRON, OH 44319

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☐ Addition  
NAME 800030303038  
STREET ADDRESS 03/11/04--01036--006 \*\*150.00  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
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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 #

2 MAR 2004