

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000014435

FILED
Mar 23, 2009
Secretary of State

Entity Name: KELLEY, STIFFLER & THOMAS, PLLC

Current Principal Place of Business:

27299 RIVERVIEW CTR. BLVD., STE. 209
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2485
BONITA SPRINGS, FL 341332485

New Mailing Address:

FEI Number: 56-2354313

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KELLEY, PAULA F
27299 RIVERVIEW CTR. BLVD., STE. 209
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KELLEY, PAULA F
Address: 27299 RIVERVIEW CTR. BLVD., STE. 209
City-St-Zip: BONITA SPRINGS, FL 34134

Title: MGR () Delete
Name: STIFFLER, J. ERIC
Address: 27299 RIVERVIEW CTR. BLVD., STE. 209
City-St-Zip: BONITA SPRINGS, FL 34134

Title: MGR () Delete
Name: THOMAS, RANDAL H
Address: 27299 RIVERVIEW CTR. BLVD., STE. 209
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PAULA F. KELLEY

MGR

03/23/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date