


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000033207

1. Entity Name:
STIRLING & BLAKE, LLC



Principal Place of Business: **227 PLEASANT GARDENS DRIVE APOPKA, FL 32703**

Mailing Address: **227 PLEASANT GARDENS DRIVE APOPKA, FL 32703**

DO NOT WRITE IN THIS SPACE



01082008No Chg-LLC CR2E083 (12/07)

4. FEI Number: **73-1679043**

Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

BURT, WALTER
227 PLEASANT GARDENS DRIVE
APOPKA, FL 32703

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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 reinstating)

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

00000786665
 01/17/08-80048-013 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BURT, WALTER
STREET ADDRESS	227 PLEASANT GARDENS DRIVE
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	<i>Walter Burt</i>
STREET ADDRESS	<i>227 Pleasant Gardens Drive</i>
CITY-ST-ZIP	<i>Apopka, FL 32703</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Walter Burt* Date: *1/45/08*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #