

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000034910

Entity Name: ACCARDI STANDLEE LLC

FILED  
Apr 23, 2006  
Secretary of State

**Current Principal Place of Business:**

2240 WOOLBRIGHT RD. #317  
BOYNTON BEACH, FL 33426

**New Principal Place of Business:**

**Current Mailing Address:**

2240 WOOLBRIGHT RD. #317  
BOYNTON BEACH, FL 33426

**New Mailing Address:**

FEI Number: 20-0191381

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ACCARDI, STACEY  
2240 WOOLBRIGHT RD. #317  
BOYNTON BEACH, FL 33426 US

**Name and Address of New Registered Agent:**

ACCARDI-COX, STACEY  
2240 WOOLBRIGHT RD. #317  
BOYNTON BEACH, FL 33426 US

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: STACEY ACCARDI-COX

04/23/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ACCARDI, STACEY L PA  
Address: 2240 WOOLBRIGHT RD #317  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: MGR ( ) Delete  
Name: STANDLEE, CONSULTING PA  
Address: 2240 WOOLBRIGHT RD #317  
City-St-Zip: BOYNTON BEACH, FL 33426

**ADDITIONS/CHANGES:**

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 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: STACEY ACCARDI-COX

MGRM

04/23/2006

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