## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

NTED NAME OF SIGNING

## **FILED** DOCUMENT # L03000046576 Feb 28, 2005 08:00 AM **Secretary of State** ROGER STILLER MASONRY LLC Principal Place of Business Mailing Address 4907 KEYSER MILL ROAD 4907 KEYSER MILL ROAD BAKER FL 32531 **BAKER FL 32531** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E083 (10/04) City & State City & State Applied For 4. FE! Number 27-0029371 Not Applicable Ζip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STILLER, ROGER Street Address (P.O. Box Number is Not Acceptable) 4907 KEYSER MILL ROAD **BAKER FL 32531** City 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 Signature Typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. THLE MGR ☐ Addition ☐ Delete ☐ Change STILLER, ROGER STREET ADDRESS 4907 KEYSER MILL ROAD STREET ADDRESS CITY-ST-ZIE **BAKER FL 32531** CITY-ST-ZIP ☐ Change HILLE Delete TETLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY S: ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - Z+P CITY-ST-ZIP TITLE ☐ Delete FULLE ☐ Change Addition MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TiTLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY+ST-7/P CITY-ST-Z-P 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.

AGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

850-682.2746 ext.380(K