

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90138 039 ***138.75

DOCUMENT # L03000050961

1. Entity Name
STELLAR RETAIL SPECIALTIES, LLC



Principal Place of Business

5402 BEAUMONT CENTER BLVD
STE 108
TAMPA, FL 33634

Mailing Address

5402 BEAUMONT CENTER BLVD
STE 108
TAMPA, FL 33634



01302008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number

59-1151071

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

STACKHOUSE, SUSAN H
5402 BEAUMONT CENTER BLVD
STE 108
TAMPA, FL 33634

**DO NOT WRITE
IN THIS SPACE**

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)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	STACKHOUSE, SUSAN H
STREET ADDRESS	5402 BEAUMONT CENTER BLVD. #108
CITY-ST-ZIP	TAMPA, FL 33634

TITLE	
NAME	
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CITY-ST-ZIP	

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IN THIS SPACE**

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 _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Susan H. Stackhouse, 1/30/2008 (813) 396-3639