2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

AMENDED ANNUAL REPORT						FILE	ט			
DOCUMENT # L03000057514 1. Entity Name STARK DUSSAULT LLC					322 I	ECRETARY (SION OF COF		IS		
Principal Plac 404 SOUTH UNIT 264 MADISON, W	BLOUNT ST. 1 53703 US	Mailing Address 404 SOUTH BLOUNT ST. UNIT 804 MADISON, WI 53703 US			at 					
2. Principal Place of Business 15114 Brocco LANE Suite, Apt. #, etc.		3. Malling Address 15146 Broco AvE Suite, Apt. #, etc.			0102005	0102005 Chg-LLC CR2E083 (10/03)				
City & State PAPL45 FL		City & State NAPLES FC			4. FEI Numb 05-059	·= ·			lied For Applicable	
34110	Country	34110	Coun	Š/~	5. Certificate	of Status Desired		00 Addition	onal	
-	6. Name and Address of Current F	Registered Agent		Name	7. Name and	Address of New R	legistered Agen	t		
STARK, C	RAIG A									
15146 BROLIO LANE NAPLES, FL 34110					Street Address (P.O. Box Number is Not Acceptable)					
				City	City FL 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 II applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
_	organistic types of printed have or register on agent a	(40	75. Togistoro	a rigant signature in	equica where analoging)		V	-		
Amended AR is \$50.00							e check payat a Department o			
9.	MANAGING MEMBEI	RS/MANAGERS	10.			ADDITIONS	/CHANGES		-	
TITLE	MGRM	- , Delete	FITL	E				Change	Addition	
NAME STREET ADDRESS	STARK, CRAIG A		MAM	- 1						
CITY-\$T-ZIP	15146 BROLIO LANE NAPLES, FL 34110			ET ADDRESS -ST-ZIP	10790		991,56	:123 ¥50 00	,	
TITLE	MGRM	☐ Delete	TITL	E	11071	<u> </u>	<u>. 007 44</u>		Addition	
NAME	STARK, BETH		NAM	·				-		
STREET ADDRESS CITY-ST-ZIP	15146 BROLIO LANE NAPLES, FL 34110			ET ADDRESS -ST-ZIP						
TITLE	MGRM	☐ Delete	TITLE					Change	Addition	
NAME	DUSSAULT, MICHAEL	L Delete	NAM	I	. 5		_	anange		
STREET ADDRESS	464 SOUTH BLOUNT ST., UNIT	20 4		ET ADDRESS	15146 61	lolio LAA	re . i			
CtTY-ST-ZtP	MADISON, WI 55763		_	-ST-ZiP	NAPLES,	-FC-34	<u> </u>			
TITLE NAME	MGRM DUSSAULT, SHERRY	L Delete	TITLE	E			L y f	Change	☐ Addition	
STREET ADDRESS	404 SOUTH BLOUNT ST., UNIT	2 04		ET ADDRESS	15146 BR	OLIO CAN	E			
CITY-ST-ZIP	MADISON WI 53703	· · · · · · · · · · · · · · · · · · ·	CITY	-ST-ZIP	NAPLES 1	cc 341	llo			
TITLE		☐ Delete	TITL	E	•	·		Change	Addition	
NAME STREET ADDRESS			- NAM	ET ADDRESS						
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NAME			NAM	- I						
STREET ADDRESS CITY-ST-ZIP				-ST-ZIP						
11. I hereby	certify that the information supplied with	this filing does not qualify for	or the exe	mption stated	in Section 119.07(3)	(i), Florida Statutes.	I further certify th	at the info	ormation	
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.										
() 1 AST										
SIGNATURE: 4 15/22 05 239.513-377										