

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2009
Secretary of State

DOCUMENT# L03000057514

Entity Name: STARK DUSSAULT LLC

Current Principal Place of Business:

28623 VIA D'AREZZO DR
BONITA SPRINGS, FL 34135 US

New Principal Place of Business:

16964 VERONA LANE
NAPLES, FL 34110 US

Current Mailing Address:

28623 VIA D'AREZZO DR
BONITA SPRINGS, FL 34135 US

New Mailing Address:

16964 VERONA LANE
NAPLES, FL 34110 US

FEI Number: 05-0597081

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STARK, CRAIG A
28623 VIA D'AREZZO DR
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

STARK, CRAIG A
16964 VERONA LANE
NAPLES, FL 34110 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: _____

02/19/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: STARK, CRAIG A
Address: 28623 VIA D'AREZZO DR
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: MGRM () Delete
Name: STARK, BETH
Address: 28623 VIA D'AREZZO DR
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: MGRM () Delete
Name: DUSSAULT, MICHAEL
Address: 28623 VIA D'AREZZO DR
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: MGRM () Delete
Name: DUSSAULT, SHERRY
Address: 28623 VIA D'AREZZO DR
City-St-Zip: BONITA SPRINGS, FL 34135 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: STARK, CRAIG A
Address: 16964 VERONA LANE
City-St-Zip: NAPLES, FL 34110 US

Title: MGRM (X) Change () Addition
Name: STARK, BETH
Address: 16964 VERONA LANE
City-St-Zip: NAPLES, FL 34110 US

Title: MGRM (X) Change () Addition
Name: DUSSAULT, MICHAEL
Address: 16964 VERONA LANE
City-St-Zip: NAPLES, FL 34110 US

Title: MGRM (X) Change () Addition
Name: DUSSAULT, SHERRY
Address: 16964 VERONA LANE
City-St-Zip: NAPLES, FL 34110 US

I hereby certify that the information supplied with this filing does not qualify 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: CRAIG A STARK

MGR

02/19/2009

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