

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 24, 2006 08:00 AM
Secretary of State**

DOCUMENT # L04000009769

1. Entity Name
STIX & STONZ HOLDING, LLC



Principal Place of Business

**16711 GATOR ROAD
FT. MYERS, FL 33912**

Mailing Address

**P.O. BOX 08324
FT. MYERS, FL 33908**



01102006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0688486

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

**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 filer if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	DESTAVEN, PHILIP
STREET ADDRESS	16711 GATOR ROAD
CITY-ST-ZIP	FT. MYERS, FL 33912
TITLE	MGR
NAME	LULFS, BRIAN
STREET ADDRESS	16711 GATOR ROAD
CITY-ST-ZIP	FT. MYERS, FL 33912
TITLE	S
NAME	LULFS, BRIAN
STREET ADDRESS	16711 GATOR ROAD
CITY-ST-ZIP	FT. MYERS, FL 33912
TITLE	T
NAME	DESTAVEN, PHILIP
STREET ADDRESS	16711 GATOR ROAD
CITY-ST-ZIP	FT. MYERS, FL 33912
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000531180
05/06/06-000011-002 50.00

**DO NOT WRITE
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:

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

Date

Daytime Phone #

039-489-0505