

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2007 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**



01182007No 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000704735  
04/23/07-80022-003 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:** \_\_\_\_\_

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

*Philip Destaven*  
**Philip Destaven**

**4/2/07**

Date

**239-484-3455**

Daytime Phone #