2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State
04-23-2008 90124 048 ***138.75

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~~ 7940 MAINLINE PKWY
~~FT. MYERS, FL 33908~~
FORT MYERS FL 33908

01142008 No Chg-LLC CR2E083 (12/07)

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

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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: PHILIP DESTAVEN MGR 7940 MAINLINE PKWY FT. MYERS FL 33912 DATE 4/1/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	DESTAVEN, PHILIP
STREET ADDRESS	~~16711 GATOR ROAD~~ 7940 MAINLINE PKWY
CITY-ST-ZIP	FT. MYERS, FL 33912
TITLE	MGR
NAME	LULFS, BRIAN
STREET ADDRESS	~~16711 GATOR ROAD~~ 7940 MAINLINE PKWY
CITY-ST-ZIP	FT. MYERS, FL 33912
TITLE	S
NAME	LULFS, BRIAN
STREET ADDRESS	~~16711 GATOR ROAD~~ 7940 MAINLINE PKWY
CITY-ST-ZIP	FT. MYERS, FL 33912
TITLE	T
NAME	DESTAVEN, PHILIP
STREET ADDRESS	~~16711 GATOR ROAD~~ 7940 MAINLINE PKWY
CITY-ST-ZIP	FT. MYERS, FL 33912
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: MANAGER PHILIP DESTAVEN 4/1/08 239-489-3455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #