

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jan 26, 2005 8:00 am**  
**Secretary of State**

01-26-2005 90061 018 \*\*\*\*50.00

DOCUMENT # L04000011007

1. Entity Name

JOSEPH STUIISO CONSULTING LLC



Principal Place of Business

9648 JEFFERS ST  
SPRING HILL FL 33604

34606

Mailing Address

9648 JEFFERS ST  
SPRING HILL FL 33604

34606

2. Principal Place of Business

9648 JEFFERS ST.

Suite, Apt. #, etc.

3. Mailing Address

9648 JEFFERS ST

Suite, Apt. #, etc.

City & State

SPRING Hill FL.

City & State

SPRING Hill FL.

4. FEI Number

22-2987121

Applied For

Not Applicable

Zip

34606

Country

HERNANDO

Zip

34606

Country

HERNANDO

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

STUIISO, JOSEPH  
9648 JEFFERS ST  
SPRING HILL FL 33605

34606

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete  
NAME **MANGR**  
STREET ADDRESS **JOSEPH STUIISO**  
CITY-ST-ZIP **9648 JEFFERS ST.  
SPRING Hill, FL. 34606**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Joseph Stuiiso* Joseph Stuiiso

1/20/05

727-224-8210

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

Date

Daytime Phone #