

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

#55.

APPROVED
AND
FILED

05 APR 28 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04212005 Chg-LLC CR2E083 (10/03)

MRD

DOCUMENT # L04000013734

1. Entity Name
STOTTLER, LLC



Principal Place of Business
104 SOUTH HARBOR CITY BLVD.
MELBOURNE, FL 32901

Mailing Address
P.O. BOX 536
MELBOURNE, FL 32902-0536

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

8. Name and Address of Current Registered Agent

GILLILAND, JOY J
104 SOUTH HARBOR CITY BLVD.
MELBOURNE, FL 32901

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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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*Stotler, Richard
8680 N. Atlantic Avenue
Cape Canaveral, FL 32920*

100054670541
05/17/05--01028--002 **283.75

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: *Stotler, Richard* **President** *4/22/05* *321-783-1320*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #