

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

FILED

2007 APR 23 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03092007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
APPLIED FOR

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE P
NAME STOTTLER, RICHARD ☐ Delete
STREET ADDRESS 8680 N ATLANTIC AVENUE
CITY-ST-ZIP CAPE CANAVERAL, FL 32920

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 200098061572
CITY-ST-ZIP 04/24/07--01010--006 **261.25

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #