

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000013734

1. Entity Name
STOTTLER, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 20 PM 12:45

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 - No P.O. Box #

3. Mailing Address

04242008 Chg-LLC CR2E083 (12/06)

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

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
STOTTLER, RICHARD
8680 N ATLANTIC AVENUE
CAPE CANAVERAL, FL 32920

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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06/04/08--01034--006 ***1350.00

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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: *Richard Stottler, Pres.*

4/28/08

321-783-1320

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

Date

Daytime Phone #

122