

**2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000015188

**FILED  
Apr 14, 2010  
Secretary of State**

**Entity Name:** STOCKTON ENTERPRISES, LLC

**Current Principal Place of Business:**

6227 TROUBLE CREEK ROAD  
NEW PORT RICHEY, FL 34653

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 0397  
NEW PORT RICHEY, FL 34656

**New Mailing Address:**

**FEI Number:** 20-0778199      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STOCKTON-SLONE, CHARLYNN  
6227 TROUBLE CREEK ROAD  
NEW PORT RICHEY, FL 34653      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** PRES  
**Name:** STOCKTON-SLONE, CHARLYNN  
**Address:** 6227 TROUBLE CREEK ROAD  
**City-St-Zip:** NEW PORT RICHEY, FL 34653

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: CHARLYNN STOCKTON-SLONE      PRES      04/14/2010

\_\_\_\_\_ Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date