


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 16, 2005 8:00 am
Secretary of State

05-16-2005 90039 049 ****50.00

DOCUMENT # L04000028891					
1. Entity Name STASIS, LLC					
Principal Place of Business PO BOX 381 OCOEE, FL 34761			Mailing Address PO BOX 381 OCOEE, FL 34761		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEJ Number 43-2049013	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MARKS, BRIAN S SR 13603 GLYNSHEL DRIVE WINTER GARDEN, FL 34787				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
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
			MANAGING DIRECTOR BRIAN S. MARKS SR. 13603 GLYNSHEL DRIVE WINTER GARDEN FL 34787		
TITLE	NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Brian S. Marks Sr.</u> BRIAN S. MARKS SR. <u>4/29/05</u> 407-654-3224					
<small>SIGNATURES AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date Daytime Phone #</small>					