## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## **FILED** Aug 30, 2007 08:00 Al Secretary of State DOCUMENT # L04000033033 1. Entity Name AMERICAN STAND, LLC Principal Place of Business Mailing Address 1350 HIDDEN CIR. E. 1350 HIDDEN CIR. E. SARASOTA FL 34243 SARASOTA FL 34243 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E083 (4/07) City & State City & State 4. FEI Number Applied For NO-T APPLICABLE Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name YANCEY, RON Street Address (P.O. Box Number is Not Acceptable) 1350 HIDDEN CIR. E. SARASOTA FL 34243 City 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 reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 5, 2007 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES MGRM TITLE ☐ Delete TITLE ☐ Change Addition NAME YANCEY, RON R NAME U00000773030 613 21RD EAST STREET ADDRESS STREET ADDRESS 08/30/07-80002-009 55.00 CITY-ST-ZIP BRADENTON FL 34208 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP Delete TITLE THEF ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. Thereby 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.

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE