

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000036229

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: STAKER ENTERPRISES, LLC

## Current Principal Place of Business:

2939 RAINFOREST PLACE  
LAND O'LAKES, FL 34639

## New Principal Place of Business:

## Current Mailing Address:

2939 RAINFOREST PLACE  
LAND O'LAKES, FL 34639

## New Mailing Address:

FEI Number: 20-1119441

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HIPPS, DAVID E JR.  
2939 RAINFOREST PLACE  
LAND O'LAKES, FL 34639 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: MGRM ( ) Delete  
Name: HIPPS, DAVID E JR.  
Address: 2939 RAINFOREST PLACE  
City-St-Zip: LAND O'LAKES,, FL 34639 US

Title: MGRM ( ) Delete  
Name: HIPPS, LAURA S  
Address: 2939 RAINFOREST PLACE  
City-St-Zip: LAND O'LAKES, FL 34639 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Change (X) Addition  
Name: HIPPS, BRITTANY L  
Address: 2939 RAINFOREST PLACE  
City-St-Zip: LAND O LAKES, FL 34639

Title: MGRM ( ) Change (X) Addition  
Name: BELLA FLOWERS  
Address: 2700 LAND O LAKES BLVD.  
City-St-Zip: LAND O LAKES, FL 34639

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: LAURA S. HIPPS

MGRM

04/23/2009

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