FILED Jun 29, 2007 8:00 am Secretary of State 05-16-2007 90172 046 **** 50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000048822 1. Entity Name STEFAN KLOSKA, L.L.C.										
Principal Place of Business 1759 HUNTINGTON LANE #M104 ROCKLEDGE, FL 32955			Mailing Address 1759 HUNTINGTON LANE #M104 ROCKLEDGE, FL 32955 US			30011347				
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04282007	Chg-LLC	CR2E083 (12/06)	
City & State			City & State		4. FEI Numi 37-14			Applied For lot Applicable		
Zip	Country		Zip	Zip Counti			e of Status Desired	□ \$5.00 Ac Fee Requir	iditional	
6. Name and Address of Current			t Registered Agent	Registered Agent Name			7. Name and Address of New Registered Agent			
4055 ASH	STEFAN D WOOD DR		Street Addres			(P.O. Box Number is Not Acceptable)				
COCOA, FL 32926				City			E I Zio Co	da		
B. The shove	named entity	submits this statement	for the purpose of changing its		ed agent or b	oth in the State of Flo	TL			
8. The above named entity submits this statement for the purpose of changing its registered ciffice 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 appacable. (NOTE: Registered Agent signature required when reinstating) DATE										
FI D	lling fee is ue by May	\$50.00 1, 2007						check payable to Department of Sta	te .	
9.	MGRM	MANAGING MEME	· _	10. 10U			ADDITIONS/		District	
NAME	KLOSKA,		Detete	NAM				Change	☐ Addition	
STREET ADDRESS City-St-Zip	4055 ASHN COCOA, F	NOOD DRIVE, M104 L 32926			ET ADORESS - S1 - ZIP		· ·			
TITLE	MGRM GREGAL	THOMAS	☐ Defete	TITLE		•		Change	Addition	
STREET ADOPESS	1715 LAKE	DRIVE			ET ADORESS					
OTY-ST-ZIP	COCOA, F	L 32926	☐ Defeta	TITLE	- S1- ZIP			☐ Change	☐ Addition	
NAME		T, ALLEN R		NALE	-					
STREET ACORESS CITY-ST-ZIP	1715 LAKE COCOA, F				ET ADORESS -ST-21P				}	
TITLE NAME STREET ADDRESS			☐ Delete	TITLE HAM STRE	- 4			☐ Change	Addition	
CITY-ST-ZIP			☐ Delete	CITY	-ST-ZIP			□ Phone	- Addition	
HAME			TT heres	NAM	ε			Change	☐ Addition	
CITY-ST-ZIP					ET ADORESS -ST-ZIP					
TITLE			☐ Deleta	TITLE		<u> </u>		Cusude	Addition	
STREET ADDRESS					ET ADDRESS					
CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP 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 cath; 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 808, Florida Statutes.										
SIGNATURE: STELLAND COLOR DESIGNADO MANAGING MEMBER, MANAGER, OR ALITHORIZED REPRESENTATIVE DES DES DESCRIPTOR PROPERTY DESCRIPTOR DE DES DESCRIPTOR DE DES DESCRIPTOR DE										

STEFAN KLOSKA