## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000048822

Entity Name: STEFAN KLOSKA, L.L.C.

Address:

City-St-Zip:

1001 REGALIA DR.

ROCKLEDGE, FL 32955 US

FILED Apr 27, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1759 HUNTINGTON LANE #M104 ROCKLEDGE, FL 32955 **Current Mailing Address: New Mailing Address:** 1759 HUNTINGTON LANE #M104 ROCKLEDGE, FL 32955 US FEI Number: 37-1492381 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KLOSKA, STEFAN D 4055 ASHWOOD DRIVE COCOA, FL 32926 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete KLOSKA, STEFAN Name: Name: Address: 4055 ASHWOOD DRIVE, M104 Address: City-St-Zip: COCOA, FL 32926 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: KENNEY, DAVID Name: Address: 1343 HERITAGE ACRES BLVD Address: City-St-Zip: ROCKLEDGE, FL 32955 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition BRANNEN, ANGELA Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: STEFAN KLOSKA MGRM 04/27/2009