


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Sep 12, 2008 8:00 am**  
**Secretary of State**

09-12-2008 90016 044 \*\*\*143.75

**60047086**

|   |  |   |  |
|---|--|---|--|
| DOCUMENT # L04000078082   |  |    |  |
| 1. Entity Name<br>STIGER' GUTTERS & SCREENING, LLC  |  |   |  |
| Principal Place of Business<br>1240 SE ST JOSEPHS AVE WEST<br>STUART, FL 34996 US   |  | Mailing Address<br>1240 SE ST JOSEPHS AVE WEST<br>STUART, FL 34996 US   |  |
| 2. Principal Place of Business - No P.O. Box #  |  | 3. Mailing Address<br>← SAME  |  |
| Suite, Apt. #, etc.<br>4681 SW Dateland St  |  | Suite, Apt. #, etc.   |  |
| City & State<br>PSL FL  |  | City & State  |  |
| Zip<br>34953  |  | Country<br>USA  |  |
| 6. Name and Address of Current Registered Agent<br>STIGER, GREG T SR<br>1240 SE ST JOSEPHS AVE WEST<br>STUART, FL 34996   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>4681 SW Dateland St<br>City<br>PSL FL Zip<br>34953 |  |
| 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.<br>SIGNATURE: <u>Lisa Stiger</u> DATE: <u>9/10/08</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |  |   |  |
| <b>FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008</b>  |  | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.  |  |
|   |  | Make check payable to Florida Department of State   |  |
| 9. MANAGING MEMBERS/MANAGERS  |  | 10. ADDITIONS/CHANGES   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>STIGER, LISA M<br>1240 SE ST JOSEPHS AVE WEST<br>STUART, FL 34996 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | Lisa Stiger <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>4681 SW Dateland St<br>PSL, FL 34953 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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 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.<br>SIGNATURE: <u>Lisa Stiger</u> Date: <u>9/10/08</u> Daytime Phone #: <u>320-8166</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> |  |   |  |