2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 03, 2006 8:00 am
Secretary of State
03-10-2006 90133 033 ****55.00

DOCUMENT # L04000079830

1. Entity Name
ACE STUMP GRINDERS, LLC

Principal Place of Business
392 RICHARD ROAD
ROCKLEDGE FL 32955

Mailing Address
6065 NORTH TROPICAL TRAIL
MERRITT ISLAND FL 32953

(321) 427-8133

1st MOORE CR2E083 (10/05)

2. Principal Place of Business: 392 Richard Rd.
Suite, Apt. #, etc.

3. Mailing Address: P.O. Box 542544
Suite, Apt. #, etc.

City & State: Rockledge FL. 32955
Zip: Country:

City & State: Merrit Island FL.
Zip: 32954-2544 Country: USA

4. FEI Number: 41-2155906 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
BALASA, BARRY G
6065 NORTH TROPICAL TRAIL
MERRITT ISLAND FL 32953

7. Name and Address of New Registered Agent
Name
Street Adr
City FL 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: Barry G. Balasa 3/31/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State.
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BALASA, BARRY G	NAME	
STREET ADDRESS	6065 NORTH TROPICAL TRAIL	STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	CITY-ST-ZIP	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DORN, KARLA G	NAME	
STREET ADDRESS	6065 NORTH TROPICAL TRAIL	STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	CITY-ST-ZIP	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DORN, JONATHAN S	NAME	
STREET ADDRESS	6065 NORTH TROPICAL TRAIL	STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: Barry G. Balasa 2/28/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #