


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 02, 2007 8:00 am
Secretary of State

08-02-2007 90031 022 ****50.00

DOCUMENT # L05000020727 1. Entity Name ROY STEVENS, LLC					
Principal Place of Business 2192 SW PAMONA STREET PORT ST. LUCIE FL 34953 <i>2192 SW Pamona St.</i>			Mailing Address 2192 SW PAMONA STREET PORT ST. LUCIE FL 34953 <i>Same</i>		
2. Principal Place of Business - No P.O. Box # <i>1</i>		3. Mailing Address Suite, Apt. #, etc.			
City & State Port St. Lucie <i>Port St. Lucie</i>		City & State FLORIDA <i>FLORIDA</i>		4. FEI Number 20-3109240 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip 34953 <i>34953</i>		Country USA <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent STEVENS, ROY 2192 SW PAMONA STREET PORT ST. LUCIE FL 34953				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when registering) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 5, 2007					
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE MGRM <input type="checkbox"/> Delete NAME STEVENS, ROY STREET ADDRESS 2192 SW PAMONA STREET CITY-ST-ZIP PORT ST. LUCIE FL 34953				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
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.					
SIGNATURE: <i>[Signature]</i> ROY STEVENS <i>July 30, 2007</i> <i>7723596814</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					