

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000023555

Entity Name: STICKELS GROUP, L.L.C.

FILED  
Feb 16, 2008  
Secretary of State

**Current Principal Place of Business:**

1904 S. OCEAN DRIVE, UNIT #1608  
HALLANDALE, FL 33109

**New Principal Place of Business:**

**Current Mailing Address:**

1904 S. OCEAN DRIVE, UNIT #1608  
HALLANDALE, FL 33109

**New Mailing Address:**

C/O LAWRENCE A. CAPLAN, P.A.  
1900 CORPORATE BLVD., #400E  
BOCA RATON, FL 33431

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CAPLAN, LAWRENCE A  
1900 CORPORATE BLVD., SUITE 400E  
BOCA RATON, FL 33431 US

**Name and Address of New Registered Agent:**

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:**

Title: MGRM ( ) Delete  
Name: STICKELS GROUP SA,  
Address: 1904 S. OCEAN DRIVE, UNIT #1608  
City-St-Zip: HALLANDALE, FL 33109

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: PIERRE, SLIWINSKI  
Address: 1904 S. OCEAN DRIVE, UNIT #1608  
City-St-Zip: HALLANDALE, FL 33109

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.

SIGNATURE: PIERRE SLIWINSKI

MGRM

02/16/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date