


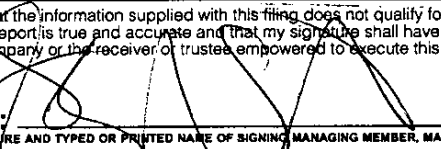
2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90039 023 ****50.00

20000528



DOCUMENT # L05000039027			
1. Entity Name STEPHANIE WINSTON, LC			
Principal Place of Business 7965 LANTANA ROAD LAKE WORTH, FL 33467		Mailing Address 7965 LANTANA ROAD LAKE WORTH, FL-33467	
2. Principal Place of Business		3. Mailing Address P.O. Box 40424	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Lake Worth FL	
Country Palm Beach		Country Palm Beach	
Zip 33454		Zip 33454	
6. Name and Address of Current Registered Agent WINSTON, STEPHANIE 7965 LANTANA ROAD LAKE WORTH, FL 33467		4. FEI Number 43-2083842	
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WINSTON, STEPHANIE P.O. BOX 540424 LAKE WORTH, FL 33454 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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.			
SIGNATURE: 		Date: 1/9/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	

5619683605

ATTACHMENT 20000528

L05000039027

COPY

STEPHANIE WINSTON, L.C.
ARTICLES OF ORGANIZATION

Pursuant to Chapter 608.407 F.S., the Articles of Organization are set forth as follows:

ARTICLE I: Name:

The name of the limited liability company is:

STEPHANIE WINSTON, LC

ARTICLE II: - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:
7965 Lantana Road
Lake Worth, FL 33467

Mailing Address:
P. O. Box 540424
Lake Worth, FL 33454

ARTICLE III: ~~Registered Agent, Registered Office, & Registered Agent's~~
Signature:

The name and the Florida street address of the registered agent are:

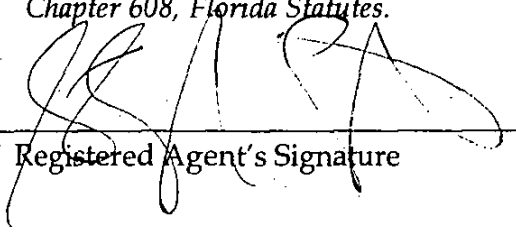
Stephanie Winston
Name

7965 Lantana Road
Florida Street Address

Lake Worth, FLORIDA 33467
City, State, Zip

FILED
05 APR 18 PM 1:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.


Registered Agent's Signature

ATTACHMENT

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Division of Corporations



2006 Annual Report

Listed below is the most recent information reported for the entity.
Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.	
Document Number	L05000039027
Business Entity Name	STEPHANIE WINSTON, LC
Original File Date	04/18/2005

FEI Number

Principal Address 7965 LANTANA ROAD
LAKE WORTH, FL 33467

Mailing Address 7965 LANTANA ROAD
LAKE WORTH, FL 33467

Registered Agent STEPHANIE WINSTON
7965 LANTANA ROAD
LAKE WORTH, FL 33467

*P.O. Box 540424
Lake Worth, FL
33467*

Managing Member/Manager Name And Address

MGRM
STEPHANIE WINSTON
P.O. BOX 540424
LAKE WORTH, FL 33454

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