

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000051308

FILED
Apr 14, 2009
Secretary of State

Entity Name: STONINGTON PARTNERS, LLC

Current Principal Place of Business:

11706 N. ARMENIA AVE.
TAMPA, FL 33612

New Principal Place of Business:

Current Mailing Address:

11706 N. ARMENIA AVE.
TAMPA, FL 33612

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROSEMURGY, ALEXANDER S
11706 N. ARMENIA AVE.
TAMP, FL 33612 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: MGR () Delete
Name: ROSEMURGY, ALEXANDER S
Address: 11706 N. ARMENIA AVE.
City-St-Zip: TAMPA, FL 33612

Title: MGRM () Delete
Name: ROSEMURGY, KATHRYN B
Address: 11706 N. ARMENIA AVE.
City-St-Zip: TAMPA, FL 33612

Title: MGRM () Delete
Name: ROSEMURGY, STEPHANIE
Address: 11706 N. ARMENIA AVE.
City-St-Zip: TAMPA, FL 33612

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: KATHRYN B. ROSEMURGY

MGRM

04/14/2009

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