

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90023 017 \*\*\*\*50.00

**30004408**



1st MOORE CR2E083 (10/05)

<b>DOCUMENT # L05000053021</b>					
1. Entity Name <b>STEPHANIE PIERLE, LLC</b>					
Principal Place of Business <b>1105 WILLIAMS DITCH CANTONMENT FL 32533</b>			Mailing Address <b>1105 WILLIAMS DITCH CANTONMENT FL 32533</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEA Number <b>34-2046791</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>PIERLE, STEPHANIE 1105 WILLIAMS DITCH CANTONMENT FL 32533</b>			7. Name and Address of New Registered Agent Name: <b>Stephanie Pierle</b> Street Address (P.O. Box Number is Not Acceptable): <b>252 CAKELAND COURT</b> <b>PENSACOLA, FL 32514</b> City: <b>FL</b> Zip Code: <b>32514</b>		
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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: *Stephanie R Pierle* DATE: **3-6-06**

**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	<b>MGRM</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>PIERLE, STEPHANIE</b>			NAME			
STREET ADDRESS	<b>1105 WILLIAMS DITCH</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>CANTONMENT FL 32533</b>			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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: *Stephanie R Pierle* DATE: **3-6-06** DAYTIME PHONE #: **850-475-9795**