

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000054359

1. Entity Name  
KAREN H. SARTELE, LLC



Principal Place of Business  
3217 VICTORIA LANE  
EUSTIS, FL 32726 US

Mailing Address  
3217 VICTORIA LANE  
EUSTIS, FL 32726 US

FILED  
10 APR 15 PM 4:36  
RECORDING OF STATE  
TALLAHASSEE, FLORIDA



02182010No Chg-LLC

CR2E083 (11/08)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-2929578

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SARTELE, RONALD J  
3217 VICTORIA LANE  
EUSTIS, FL 32726

**DO NOT WRITE  
IN THIS SPACE**

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 resigning)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2010 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
SARTELE, KAREN H  
3217 VICTORIA LANE  
EUSTIS, FL 32726

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

100175943901  
04/15/10--01011--015 \*\*138.75

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/11/2010 352-223-3799  
Date Daytime Phone #