

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 30, 2008 8:00 am**  
**Secretary of State**

05-30-2008 90017 032 \*\*\*138.75

DOCUMENT # L05000071160

1. Entity Name  
ESTAI, LLC



Principal Place of Business  
942 TEE LANE  
GREENVILLE, IL 62246

Mailing Address  
942 TEE LANE  
GREENVILLE, IL 62246

50006369



03062008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-3444148

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

VASEL, *Kyle W.*  
425 DOCKSIDE DRIVE #402  
NAPLES, FL 34110

**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 *Kyle Vasel*  
Signature, typed or printed name of registered agent and title if applicable.

*[Signature]*  
(NOTE: Registered Agent signature required when reinstating)

4-27-08  
DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME VASEL, KYLE W  
STREET ADDRESS 425 DOCKSIDE DR. #402  
CITY-ST-ZIP NAPLES, FL 34110

TITLE MGRM  
NAME RANDOLPH L. VASEL  
STREET ADDRESS 942 TEE LN.  
CITY-ST-ZIP GREENVILLE, IL 62246

TITLE MGRM  
NAME DEBRA K. VASEL  
STREET ADDRESS 942 TEE LN.  
CITY-ST-ZIP GREENVILLE, IL 62246

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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: *Randolph L. Vasel* RANDOLPH L. VASEL

4-11-08 618-780-0460  
Date Daytime Phone #

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

Date

Daytime Phone #