

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 29, 2006 8:00 am
Secretary of State

08-09-2006 90094 005 ****50.00

DOCUMENT # L05000093050 1. Entity Name STEHLING UNLIMITED, LLC					
Principal Place of Business P.O. BOX 15554 GAINESVILLE, FL 32604			Mailing Address P.O. BOX 15554 GAINESVILLE, FL 32604		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROBERTSON GROUP, PL 5216 SW 91 DRIVE GAINESVILLE, FL 32608				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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)					
Filing Fee is \$50.00 Due by September 8, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGRM			TITLE	
NAME	STEHLING, WILLIAM H			NAME	
STREET ADDRESS	P.O. BOX 15554			STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL 32604			CITY-ST-ZIP	
	☐ Delete				☐ Change ☐ Addition
TITLE				TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
	☐ Delete				☐ Change ☐ Addition
TITLE				TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
	☐ Delete				☐ Change ☐ Addition
TITLE				TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
	☐ Delete				☐ Change ☐ Addition
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: <u>William H. Stehling</u> <u>William H. Stehling</u> <u>8/17/06</u> <u>281-1518</u> SIGNATURE, TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

30013031



08072006 Chg-LLC CR2E083 (11/05)

4. FEI Number 55-0906870 Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required