


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

02-16-2006 90140 044 ****50.00

| | |
|-------------------------------------|---|
| DOCUMENT # L05000094460 |  |
| 1. Entity Name STWRK, LLC | |

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|--|--|
| Principal Place of Business 660 GLADES ROAD SUITE 300 BOCA RATON, FL 33431 | Mailing Address 660 GLADES ROAD SUITE 300 BOCA RATON, FL 33431 |
|--|--|

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| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

02142006 Chg-LLC CR2E083 (11/05)

| | |
|-------------------------------------|--|
| 4. FEI Number 56-253-4191 | Applied For <input type="checkbox"/> Not Applicable |
|-------------------------------------|--|

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

| | | | |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent HIRSCH, SANDRA L 660 GLADES ROAD SUITE 300 BOCA RATON, FL 33431 | | 7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when replacing) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2008**

**Make check payable to
Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM HIRSCH, SANDRA L 660 GLADES ROAD, SUITE 300 BOCA RATON, FL 33431 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: _____ Date _____ Daytime Phone # _____

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



ATTACHMENT

30001700

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 20, 2006

STWRK, LLC
660 GLADES ROAD
SUITE 300
BOCA RATON, FL 33431

Subject: STWRK, LLC

Reference Number: L05000094460

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

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ANNUAL REPORTS SECTION