

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 11, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000097104

1. Entity Name
STAG ENTERPRISES, LLC



Principal Place of Business
**1131 N HIGHLAND PARK DRIVE
LAKE WALES, FL 33898**

Mailing Address
**1131 N HIGHLAND PARK DRIVE
LAKE WALES, FL 33898**

DO NOT WRITE IN THIS SPACE



03012008No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-3581146

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CIFERNI, JOSEPH J
1131 N HIGHLAND PARK DRIVE
LAKE WALES, FL 33898**

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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 reappointing)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
CIFERNI, JOSEPH J
1131 N HIGHLAND PARK DRIVE
LAKE WALES, FL 33898**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
CIFERNI, KAREN C
1131 N HIGHLAND PARK DRIVE
LAKE WALES, FL 33898**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
CIFERNI, BENJAMIN J
1131 N HIGHLAND PARK DRIVE
LAKE WALES, FL 33898**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000892493
04/23/08-80058-004 138.75

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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]*

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

4/7/08

Date

863-604-2564

Daytime Phone #