


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90051 004 \*\*\*138.75

<b>DOCUMENT # L05000098856</b>	
1. Entity Name <b>STANLEY P. ANDRUS LLC</b>	

Principal Place of Business <b>10334 MADERIA STREET SPRING HILL, FL 34608</b>	Mailing Address <b>10334 MADERIA STREET SPRING HILL, FL 34608</b>
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60050447



2. Principal Place of Business - No P.O. Box # <b>10470 Ventura Dr</b>	3. Mailing Address <b>10470 Ventura Dr</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01292008 Chg-LLC CR2E083 (12/06)

City & State <b>Spring Hill FL</b>	City & State <b>Spring Hill FL</b>
Zip <b>34608</b>	Zip <b>34608</b>
Country	Country

4. FEI Number <b>20-3666605</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>ANDRUS, STANLEY P 10334 MADERIA STREET SPRING HILL, FL 34608</b>
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7. Name and Address of New Registered Agent Name <b>10470 Ventura Dr</b> Street Address (P.O. Box Number is Not Acceptable) City <b>Spring Hill</b> <b>FL</b> Zip Code <b>34608</b>
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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.

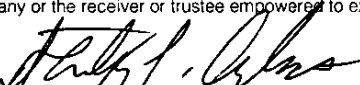
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM ANDRUS, STANLEY P 10334 MADERIA STREET SPRING HILL, FL 34608</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM ANDRUS, STANLEY P 10470 VENTURA DR SPRING HILL FL 34608</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 	<b>Stanley P Andrus</b> <b>4/24/08</b> <b>352-686-2629</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #