

**LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Jun 01, 2006 8:00 am
Secretary of State

06-01-2006 90084 013 ****50.00

DOCUMENT # LOG0000/00620

1. Entity Name

STacy Webb LLC



DO NOT WRITE IN THIS SPACE

20046901

2. Principal Place of Business
6784 Friendship Drive
Suite, Apt. #, etc.

3. Mailing Address
6784 Friendship Drive
Suite, Apt. #, etc.

City & State
Sarasota Florida

City & State
Sarasota Florida

Zip
34241

Country
USA

Zip
34241

Country
USA

4. FEI Number

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**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

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

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Owner - MGR.
STacy Webb
6784 Friendship Drive
Sarasota Florida 34241

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: STacy Webb STacy Webb May 19/06-941-870-2039

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

Date

Daytime Phone #