

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000043155

FILED
Jul 03, 2008
Secretary of State

Entity Name: STUCCO SENSATIONS LLC

Current Principal Place of Business:

962 NORTH LLOYD STREET
CRESTVIEW, FL 32536

New Principal Place of Business:

198 MEDLEY DRIVE
CRESTVIEW, FL 32536 US

Current Mailing Address:

962 NORTH LLOYD STREET
CRESTVIEW, FL 32536

New Mailing Address:

198 MEDLEY DRIVE
CRESTVIEW, FL 32536 US

FEI Number: 20-4800948 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FANELLA, NICHOLAS R
434 TANGLEWOOD DRIVE
FORT WALTON BEACH, FL 32547 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: VILLAREAL, JAMES
Address: 962 NORTH LLOYD STREET
City-St-Zip: CRESTVIEW, FL 32536 US

Title: MGRM (X) Delete
Name: VILLAREAL, EMMANUEL R JR
Address: 962 NORTH LLOYD STREET
City-St-Zip: CRESTVIEW, FL 32536

ADDITIONS/CHANGES:

Title: MMGR (X) Change () Addition
Name: VILLAREAL, JAMES
Address: 198 MEDLEY DRIVE
City-St-Zip: CRESTVIEW, FL 32536 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES VILLAREAL

MGRM

07/03/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date