

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90153 014 ***138.75

DOCUMENT # L06000053657

1. Entity Name
KANNER STUART, LLC



Principal Place of Business

3307 NORTHLAKE BLVD.
107
PALM BEACH GARDENS, FL 33403 US

Mailing Address

3307 NORTHLAKE BLVD.
107
PALM BEACH GARDENS, FL 33403 US

50004537



04102008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4925359

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CROSSEN, JOSEPH F
3307 NORTHLAKE BLVD.
107
PALM BEACH GARDENS, FL 33403

**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.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME CROSSEN, JOSEPH F
STREET ADDRESS 3307 NORTHLAKE BLVD., SUITE 107
CITY-ST-ZIP PALM BEACH GARDENS, FL 33403

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

Date

Daytime Phone #

JOSEPH CROSSEN 4-15-08 561-626-2718