


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 05, 2007 8:00 am
Secretary of State

07-05-2007 90154 041 ****55.00

DOCUMENT # L06000060938	
1. Entity Name STANANG LLC	

Principal Place of Business 869 NW WOODLANDS TERR. LAKE CITY, FL 32055	Mailing Address 869 NW WOODLANDS TERR. LAKE CITY, FL 32055
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2. Principal Place of Business - No P.O. Box # 1468 SW main Blvd	3. Mailing Address 1468 SW main Blvd
Suite, Apt. #, etc. Ste 105	Suite, Apt. #, etc. Ste 105
City & State Lake City FL	City & State Lake City FL
Zip 32025	Country Columbia



07032007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-505 4933	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent COX, ANGELA 1468 SW MAIN BLVD., SUITE 105 LAKE CITY, FL 32025	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 *Angela Cox* DATE **7-3-07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by September 14, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COX, ANGELA PO BOX 703 LAKE CITY, FL 32056 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COX, STANLEY 869 NW WOODLANDS TERR LAKE CITY, FL 32055 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: *Angela Cox* *Angela Cox* **7-3-07** **386 758 8801**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #