2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# L06000074300

Entity Name: FLEXSTAKE, LLC

Current Principal Place of Business:

2150 ANDREA LANE
FORT MYERS, FL 33912 US

New Principal Place of Business:

Current Mailing Address:

2150 ANDREA LANE
FORT MYERS, FL 33912

New Mailing Address:

FEI Number: 20-8881187 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUGHES, ROBERT K JR
2150 ANDREA LANE
FORT MYERS, FL 33912 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:	ZADROZNY, JAMES T	
Address:	12936 SAND POINT COURT	
City-St-Zip:	FORT MYERS, FL 33919	
Title:	PD	( ) Delete
Name:	HUGHES, ROBERT K JR	
Address:	2150 ANDREA LANE	
City-St-Zip:	FORT MYERS, FL 33912	
Title:	VST	( ) Delete
Name:	HUGHES, ROBERT K SR	
Address:	7143 S BRENTWOOD RD	
City-St-Zip:	FORT MYERS, FL 33919	
Title:	D	( ) Delete
Name:	HUGHES-ZADROZNY, KATHERINE J	
Address:	12936 SAND POINT CT	
City-St-Zip:	FORT MYERS, FL 33919	
Title:	D	( ) Delete
Name:	HARMON, JANIE	
Address:	2354 LA SALLE AVE	
City-St-Zip:	FORT MYERS, FL 33907	
Title:	D	( ) Delete
Name:	DEVRIES, JULIE	
Address:	3775 TIMBERLINE DR	
City-St-Zip:	WEST DES MOINES, IA 50265	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 T ZADROZNY MGR 01/15/2009

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