


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90310 036 \*\*\*\*50.00

<b>DOCUMENT # L06000080833</b> 1. Entity Name DOLLAR-STUFF.COM, LLC					
Principal Place of Business 1750 SE RYECROFT CT PORT ST. LUCIE, FL 34952			Mailing Address 1750 SE RYECROFT CT PORT ST. LUCIE, FL 34952		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331			7. Name and Address of New Registered Agent Name <u>George J Krombs</u> Street Address (P.O. Box Number is Not Acceptable) <u>1750 SE Ryecroft Ct.</u> City <u>Port St. Lucie</u> <u>FL</u> Zip Code <u>34952</u>		
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 <u>[Signature]</u> <small>Signature, typed or printed name of registered agent, and title if applicable.</small>		(NOTE: Registered Agent signature required when reinstating) DATE <u>2/19/07</u>			
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KROMBS, GEORGE J 1750 SE RYECROFT CT PORT ST. LUCIE, FL 34952		<div style="text-align: right;"> <input type="checkbox"/> Delete         </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Delete         </div>		<div style="text-align: right;"> <input type="checkbox"/> Change   <input type="checkbox"/> Addition         </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Delete         </div>		<div style="text-align: right;"> <input type="checkbox"/> Change   <input type="checkbox"/> Addition         </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Delete         </div>		<div style="text-align: right;"> <input type="checkbox"/> Change   <input type="checkbox"/> Addition         </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Delete         </div>		<div style="text-align: right;"> <input type="checkbox"/> Change   <input type="checkbox"/> Addition         </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Delete         </div>		<div style="text-align: right;"> <input type="checkbox"/> Change   <input type="checkbox"/> Addition         </div>		
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.					
<b>SIGNATURE:</b> <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>2/19/07</u> 772.530.3810 <small>Daytime Phone #</small>		

20005365



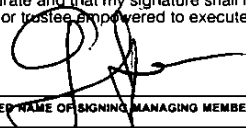
01182007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5439409 Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required ☒

# Attachment

## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000080833					
1. Entity Name DOLLAR-STUFF.COM, LLC					
Principal Place of Business 1750 SE RYECROFT CT PORT ST. LUCIE, FL 34952			Mailing Address 1750 SE RYECROFT CT PORT ST. LUCIE, FL 34952		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State  Zip			City & State  Zip		
Country			Country		
4. FEL Number <b>20-5439409</b> <div style="float: right;">           Applied For  <input type="checkbox"/> Not Applicable         </div>					
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331			7. Name and Address of New Registered Agent Name <b>George J Krombs</b> Street Address (P.O. Box Number is Not Acceptable) <b>1750 SE Ryecroft. Ct.</b> City <b>Port St. Lucie</b> <b>FL</b> Zip Code <b>34952</b>		
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 			DATE <b>2/19/07</b>		
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KROMBS, GEORGE J 1750 SE RYECROFT CT PORT ST. LUCIE, FL 34952		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	
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	
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	
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	
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: 			Date <b>2/19/07</b> Daytime Phone # <b>772 530-3810</b>		