

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000096080

Entity Name: STEVE'S TRANSFER LLC

FILED
Apr 15, 2009
Secretary of State

Current Principal Place of Business:

20802 PADDOCK STREET
ORLANDO, FL 32833

New Principal Place of Business:

Current Mailing Address:

20802 PADDOCK STREET
ORLANDO, FL 32833

New Mailing Address:

FEI Number: 20-5766148

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

RIMKUS, DONNA M MGR
20802 PADDOCK STREET
ORLANDO, FL 32833 US

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: DONNA RIMKUS

04/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RIMKUS, DONNA M
Address: 20802 PADDOCK STREET
City-St-Zip: ORLANDO, FL 32833

Title: S () Delete
Name: RIMKUS, STACY L
Address: 20802 PADDOCK STREET
City-St-Zip: ORLANDO, FL 32833

Title: T () Delete
Name: RIMKUS, DONNA M
Address: 20802 PADDOCK STREET
City-St-Zip: ORLANDO, FL 32833

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:

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: DONNA RIMKUS

MGR.

04/15/2009

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