2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 11, 2007 8:00 am
Secretary of State
09-11-2007 90035 022 ****55.00

DOCUMENT # L06000104183

1. Entity Name
CHARLES STECKEL II ENTERPRISES, LLC

Principal Place of Business
5321 S.W. 82ND LANE
OCALA, FL 34476 US

Mailing Address
5321 S.W. 82ND LANE
OCALA, FL 34476 US

08232007 Chg-LLC CR2E083 (12/06)

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

4. FEI Number 20-5776044 | Applied For | Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

STECKEL, CHARLES
5321 S.W. 82ND LANE
OCALA, FL 34476

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City | FL | Zip Code

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

Filing Fee is $50.00
Due by September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM	☐ Delete
NAME	STECKEL, CHARLES	
STREET ADDRESS	5321 S.W. 82ND LANE	
CITY-ST-ZIP	OCALA, FL 34476	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: CHARLES STECKEL 9/10/07 772-633-1052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #