

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000114221

FILED
Mar 08, 2009
Secretary of State

Entity Name: STOUGHTON LUXURY HOMES, LLC

Current Principal Place of Business:

4 PONCE DELEON DR.
PALM COAST, FL 32164

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 429
BUNNELL, FL 32110

New Mailing Address:

4 PONCE DELEON DR
PALM COAST, FL 32164

FEI Number: 26-0195118

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LYNCH, JOHN P
4 PONCE DELEON DR.
PALM COAST, FL 32164 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: MGRM () Delete
Name: LYNCH, JOHN P
Address: 26 SEVEN WONDERS TRL
City-St-Zip: PALM COAST, FL 32164

Title: MGRM () Delete
Name: STOUGHTON, WILLIAM P
Address: 207 S 27TH
City-St-Zip: FLAGLER BEACH, FL 32136

Title: MGRM () Delete
Name: SALAM STOUGHTON, JANET
Address: 207 S 27TH
City-St-Zip: FLAGLER BEACH, FL 32136

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: JOHN P. LYNCH

PRES

03/08/2009

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