

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000114499

Entity Name: STTELLI, LLC

FILED
Apr 08, 2008
Secretary of State

Current Principal Place of Business:

12550 BISCAYNE BLVD
SUITE 500
NORTH MIAMIALE, FL 33181 US

Current Mailing Address:

12550 BISCAYNE BLVD
SUITE 500
NORTH MIAMIALE, FL 33181 US

New Principal Place of Business:

12550 BISCAYNE BLVD
SUITE 500
NORTH MIAMI, FL 33181 US

New Mailing Address:

12550 BISCAYNE BLVD
SUITE 500
NORTH MIAMI, FL 33181 US

FEI Number: 20-8017390

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUTT, ELIAS
12550 BISCAYNE BLVD
SUITE 500
NORTH MIAMIALE, FL 33181 US

Name and Address of New Registered Agent:

GUTT, ELIAS
12550 BISCAYNE BLVD
SUITE 500
NORTH MIAMI, FL 33181 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:

04/08/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GUTT, ELIAS
Address: 12550 BISCAYNE BLVD SUITE 500
City-St-Zip: NORTH MIAMI, FL 33181 US

Title: MGRM () Delete
Name: FELDMAN GUTT, STEPHANIE
Address: 12550 BISCAYNE BLVD
City-St-Zip: NORTH MIAMI, FL 33181 US

ADDITIONS/CHANGES:

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: ELIAS GUTT

MGRM

04/08/2008

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