

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2008 8:00 am
Secretary of State

04-03-2008 90072 043 ***138.75

DOCUMENT # L07000001899

1. Entity Name
STUART HILLS PROPERTIES, LLC



Principal Place of Business
**6193 SW BALD EAGLE DRIVE
PALM CITY, FL 34990 US**

Mailing Address
**P.O. BOX 912
PALM CITY, FL 34991**

2. Principal Place of Business - No P.O. Box #
5731 SW BALD EAGLE DR

Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
PALM CITY, FL

Zip
34990

Country
USA

01052008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-8190937

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**DUNGEY, RICHARD J
3473 SE WILLOUGHBY BOULEVARD
STUART, FL 34994**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEMEO, SUSAN P.O. BOX 912 PALM CITY, FL 34991 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Susan DeMEO **SUSAN DEMEO** 4/1/08 772-287-7989

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #