

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90054 045 ***143.75

DOCUMENT # L07000021115

1. Entity Name
STURMEX, LLC



Principal Place of Business
**10911 RED HAWK STREET
PLANTATION, FL 33324 US**

Mailing Address
**10911 RED HAWK STREET
PLANTATION, FL 33324 US**

00000000



2. Principal Place of Business - No P.O. Box #
12281 NW 8th Street
Suite, Apt. #, etc.

3. Mailing Address
12281 NW 8th Street
Suite, Apt. #, etc.

04222008 Chg-LLC CR2E083 (12/06)

City & State
Plantation, FL
Zip
33325 Country
USA

City & State
Plantation, FL
Zip
33325 Country
USA

4. FEI Number
20-8506930 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**STURMAN, MARK D
10911 RED HAWK STREET
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
12281 NW 8th Street
City **Plantation** **FL** Zip Code **33325**

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 **Mark D. Sturman**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/22/08
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
STURMAN, MARK D
10911 RED HAWK STREET
PLANTATION, FL 33324** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**12281 NW 8th Street
Plantation, FL 33325** ☒ Change ☐ Addition

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/22/08 954-473-
Mark Sturman Daytime Phone # **2799**