2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000029077

Address:

City-St-Zip:

Entity Name: STALNAKER HOLDINGS, LLC

FILED Apr 02, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 37751 ROBINSON AVE US DADE CITY, FL 33523 **Current Mailing Address: New Mailing Address:** P.O. BOX 942 DADE CITY, FL 33526 US FEI Number: 26-2230512 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: OWENS, ROBERT W 13951 7TH STREET SUITE 5 DADE CITY, FL 33525 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete STALNAKER, LARRY L Name: Name: Address: 1115 SHALLOWFORD RESERVE DR. Address: City-St-Zip: LEWISVILLE, NC 27023 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition STALNAKER, SHIRLEY K Name: Name: Address: 1115 SHALLOWFORD RESERVE DR. Address: City-St-Zip: LEWISVILLE, NC 27023 US City-St-Zip: Title: () Delete Title: MGRM () Change (X) Addition Name: RUDDY, VICKI L Name:

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.

Address:

City-St-Zip:

2871 ST GEORGE RD

WINSTON SALEM, NC 27106 US

SIGNATURE: SHIRLEY STALNAKER MGRM 04/02/2009