

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000027282

**Entity Name:** ASK STAMATIS, LLC

**FILED**  
**Jan 11, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

5006 20TH AVENUE, SOUTH  
TAMPA, FL 33619

**New Principal Place of Business:**

**Current Mailing Address:**

5006 20TH AVENUE, SOUTH  
TAMPA, FL 33619

**New Mailing Address:**

PO BOX 2971  
TAMPA, FL 33601

**FEI Number:** 26-4509858

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FERAROLIS, STAMATIS  
5006 20TH AVENUE, SOUTH  
TAMPA, FL 33619 US

**Name and Address of New Registered Agent:**

FERAROLIS, STAMATIS  
4910 B ADAMO DR EAST  
TAMPA, FL 33605 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:

01/11/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: FERAROLIS, STAMATIS  
Address: POST OFFICE BOX 2971  
City-St-Zip: TAMPA, FL 33601

I hereby 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: STAMATIS FERAROLIS

PRES

01/11/2010

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