# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 01, 2011**
**Secretary of State**

DOCUMENT# L10000018615

**Entity Name:** STEPHANIE FALLOON, LLC

**Current Principal Place of Business:**

8250 DONALDSON DRIVE
TAMPA, FL 33615

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 263541
TAMPA, FL 33685

**New Mailing Address:**

**FEI Number: 26-2248987** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

FALLOON, STEPHANIE
8250 DONALDSON DRIVE
TAMPA, FL 33615 US

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

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:**

Title: MGR
Name: FALLOON, STEPHANIE
Address: 8250 DONALDSON DRIVE
City-St-Zip: TAMPA, FL 33615

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 Statues.

SIGNATURE: SFALLOON MGR. 04/01/2011

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