

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000023783

Entity Name: SHOOO STRESS LLC

**FILED**  
**Jan 25, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

10811 BUCKFIELD DRIVE  
PORT RICHEY, FL 34668

**New Principal Place of Business:**

**Current Mailing Address:**

10811 BUCKFIELD DRIVE  
PORT RICHEY, FL 34668

**New Mailing Address:**

FEI Number: 27-5300025

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KONOMOS, CONSTANTINE  
10811 BUCKFIELD DRIVE  
PORT RICHEY, FL 34668 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: MGRM  
Name: KONOMOS, CONSTANTINE  
Address: 10811 BUCKFIELD DRIVE  
City-St-Zip: PORT RICHEY, FL 34668

Title: MGRM  
Name: KONOMOS, HALI C  
Address: 10811 BUCKFIELD DRIVE  
City-St-Zip: PORT RICHEY, FL 34668

Title: MGRM  
Name: KONOMOS, AMANDA L  
Address: 10811 BUCKFIELD DRIVE  
City-St-Zip: PORT RICHEY, FL 34668

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: CONSTANTINE KONOMOS

MGRM

01/25/2012

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