

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000099126

Entity Name: STITCH'Z N PRINTZ LLC

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

27 NW US HWY 19 SUN PLAZA  
CRYSTAL RIVER, FL 34428

**New Principal Place of Business:**

**Current Mailing Address:**

6260 W MINUTEMAN ST  
HOMOSASSA, FL 34448

**New Mailing Address:**

FEI Number: 45-3115248

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LEUELLING, CHAD  
6260 W MINUTEMAN ST  
HOMOSASSA, FL 34448 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: LEUELLING, CHAD E  
Address: 6260 W MINUTEMAN ST  
City-St-Zip: HOMOSASSA, FL 34448

Title: MGRM  
Name: LEUELLING, JONNA D  
Address: 6260 W MINUTEMAN ST  
City-St-Zip: HOMOSASSA, FL 34448

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: JONNA D. LEUELLING

MGRM

04/26/2012

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