

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 22, 2005 08:00 AM
Secretary of State

DOCUMENT # L97000001304

1. Entity Name
STAUFFACHER FAMILY LLC



Principal Place of Business
**340 ROYAL POINCIANA PLAZA, STE. 340
PALM BEACH, FL 33480**

Mailing Address
**P.O. BOX 109
PALM BEACH, FL 33480**



07072005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2455614

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SHELTON, JOHN W
340 ROYAL POINCIANA PLAZA
SUITE 340
PALM BEACH, FL 33480-0109**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by September 7, 2005**

U000000374001
07/22/05-80004-008 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
STAUFFACHER, CHARLES D
75 ROCKY MOUNTAIN ROAD
ROXBURY, CT 06783**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MEM
GILLIES, LILLIAN S
15 E. VIEW LANE
OLD BROOKVILLE, NY 11545**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7-18-05