

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 A
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**



04032008 No Chg-LLC

CR2E083 (12/07)

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

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U000000883017
04/16/08-80054-007 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	STAUFFACHER, CHARLES D
STREET ADDRESS	75 ROCKY MOUNTAIN ROAD
CITY- ST- ZIP	ROXBURY, CT 06783
TITLE	MEM
NAME	GILLIES, LILLIAN S
STREET ADDRESS	15 E. VIEW LANE
CITY- ST- ZIP	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	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Charles D. Stauffacher, Manager*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-3-08
Date

860-354-1274
Daytime Phone #