

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L97000001304

**FILED**  
**Feb 27, 2010**  
**Secretary of State**

**Entity Name:** STAUFFACHER FAMILY LLC

**Current Principal Place of Business:**

340 ROYAL POINCIANA PLAZA, STE. 340  
PALM BEACH, FL 33480

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 109  
PALM BEACH, FL 33480

**New Mailing Address:**

**FEI Number:** 58-2455614

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHELTON, JOHN W  
340 ROYAL POINCIANA PLAZA  
SUITE 340  
PALM BEACH, FL 334800109 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:** MR.  
**Name:** STAUFFACHER, CHARLES D  
**Address:** 75 ROCKY MOUNTAIN ROAD  
**City-St-Zip:** ROXBURY, CT 06783

**Title:** MRS.  
**Name:** GILLIES, LILLIAN S  
**Address:** 23 FOX RIDGE LANE  
**City-St-Zip:** LOCUST VALLEY, NY 11560

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:** CHARLES D. STAUFFACHER

MGR

02/27/2010

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