FILED
May 03, 2004 08:00 AM
Secretary of State

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L98000001954

1. Entity Name
STONINGTON PARENTS, LLC

Principal Place of Business	Mailing Address
1009 OCEAN SHORE BLVD. ORMOND BEACH, FL 32176	94 WATER ST. STONINGTON, CT 06378

DO NOT WRITE IN THIS SPACE

04302004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
59-3551325
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

DUFFETT, HENRY P
120 E. GRANADA AVE.
ORMOND BEACH, FL 32176

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BARRES, PAULINE
STREET ADDRESS	94 WATER STREET
CITY-ST-ZIP	STONINGTON, CT 06378
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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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: Pauline Barres 4/30/04 (386) 672-0409
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #