2007 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	395 S. ATLANTIC AVENUE, #103 ORMOND BEACH, FL 32176

DO NOT WRITE IN THIS SPACE

01062007 No Chg-LLC .   CR2E083 (11/05)

4. FEI Number	Applied For
59-3551325	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 _____

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 May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BARRES, PAULINE
STREET ADDRESS	395 S. ATLANTIC AVE. # 103
CITY-ST-ZIP	ORMOND BEACH, FL 32176

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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: *Pauline D. Barres*   4/09/07   840-235-7983

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER. OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #