

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000004983

**FILED**  
**Feb 09, 2010**  
**Secretary of State**

**Entity Name:** STIRN AND ASSOCIATES, LLC

**Current Principal Place of Business:**

2138 SW 12TH PLACE  
CAPE CORAL, FL 33991

**New Principal Place of Business:**

**Current Mailing Address:**

2138 SW 12TH PLACE  
CAPE CORAL, FL 33991

**New Mailing Address:**

PO BOX 151815  
CAPE CORAL, FL 339151815 US

**FEI Number:** 20-0999798

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STIRN, AMANDA  
2138 SW 12TH PLACE  
CAPE CORAL, FL 33991 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: MGR  
Name: STIRN, AMANDA  
Address: 2138 SW 12TH PLACE  
City-St-Zip: CAPE CORAL, FL 33991

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: AMANDA STIRN

MRS.

02/09/2010

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