

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000010625

**Entity Name:** STONECREEK, LLC

**Current Principal Place of Business:**

2600 NW 87 AVE STE 32  
DORAL, FL 33172

**Current Mailing Address:**

2600 NW 87 AVE STE 32  
DORAL, FL 33172 US

**FEI Number:** 02-0683710

**Certificate of Status Desired:** No

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

JARAMILLO, FERNAN  
2600 NW 87 AVE STE 32  
DORAL, FL 33172 US

*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

**Authorized Person(s) Detail :**

Title            MGRM  
Name            JARAMILLO, FERNAN  
Address        2600 NW 87 AVE STE 32  
City-State-Zip: DORAL FL 33172

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** FERNAN JARAMILLO

**MANAGER**

**03/04/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date