

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000081440

**Entity Name:** STM FL LLC**Current Principal Place of Business:**50 EAST CENTRAL BLVD  
SUITE C  
ORLANDO, FL 32801**Current Mailing Address:**2627 LAKEMOOR DR  
ORLANDO, FL 32828 US**FEI Number:** 27-3214352**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CLARK, JAY  
50 EAST CENTRAL BLVD  
SUITE C  
ORLANDO, FL 32801 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:** JAY CLARK

01/08/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	AUTHORIZED MEMBER
Name	MILLS, STEVEN T
Address	50 EAST CENTRAL BLVD SUITE C
City-State-Zip:	ORLANDO FL 32801
Title	AUTHORIZED MEMBER
Name	SPREMULLI, FRANK C
Address	50 EAST CENTRAL BLVD SUITE C
City-State-Zip:	ORLANDO FL 32801

Title	AUTHORIZED MEMBER
Name	CLARK, JEREMY T
Address	50 EAST CENTRAL BLVD SUITE C
City-State-Zip:	ORLANDO FL 32801
Title	MANAGER
Name	AEJ VENTURES, LLC
Address	50 EAST CENTRAL BLVD SUITE C
City-State-Zip:	ORLANDO FL 32801

*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:** JAY CLARK**OWNER**

01/08/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date