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: SANDRA STILWELL	OWNER	01/10/2017

SIGNATURE: SANDRA STILWELL

- Title MGR Name STILWELL. SANDRA KTRUSTEE
- Address POST OFFICE BOX 848
- City-State-Zip: CAPTIVA FL 33924

#### DOCUMENT# L11000106118

# Entity Name: STILWELL ENTERPRISES & RESTAURANT GROUP, LLC

### **Current Principal Place of Business:**

16876 MCGREGOR BLVD. STE. 101 FT. MYERS, FL 33908

#### **Current Mailing Address:**

POST OFFICE BOX 848 CAPTIVA, FL 33924

#### FEI Number: NOT APPLICABLE

## Name and Address of Current Registered Agent:

STILWELL, SANDRA K 11513 ANDY ROSSE LANE CAPTIVA, FL 33924 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: SANDRA K. STILWELL

Electronic Signature of Registered Agent

#### Authorized Person(s) Detail :

Certificate of Status Desired: No

01/10/2017 Date

FILED Jan 10, 2017 Secretary of State CC2025846196

Electronic Signature of Signing Authorized Person(s) Detail