

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000238099

**FILED**  
**Mar 19, 2020**  
**Secretary of State**  
**8160637501CC**

**Entity Name:** STEWART WORLD LLC

**Current Principal Place of Business:**

970 LAKE CARILLON DRIVE  
300  
ST. PETERSBURG, FL 33716

**Current Mailing Address:**

970 LAKE CARILLON DRIVE  
300  
ST. PETERSBURG, FL 33716

**FEI Number:** 84-3108273

**Certificate of Status Desired:** No

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

OWENS, SHANNON L  
970 LAKE CARILLON DRIVE  
300  
ST PETERSBURG, FL 33716 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 STEWART, LEROY S  
Address 970 LAKE CARILLON DRIVE  
City-State-Zip: ST. PETERSBURG FL 33716

Title MGRM  
Name LOCKETT, EMILY C  
Address 970 LAKE CARILLON DRIVE  
City-State-Zip: ST. PETERSBURG FL 33716

Title MGR  
Name BLACK, MALCOLM  
Address 970 LAKE CARILLON DRIVE  
City-State-Zip: ST. PETERSBURG FL 33716

*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:** LEROY STEWART

**CEO**

**03/19/2020**

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

\_\_\_\_\_  
Date