

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000001176

Entity Name: STEWARD FINANCIAL SERVICES, LLC

Current Principal Place of Business:

499 OLD KINGS HIGHWAY
MAPLE SHADE, NJ 08052

Current Mailing Address:

499 OLD KINGS HIGHWAY
MAPLE SHADE, NJ 08052 US

FEI Number: 26-3708452

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 MEMBER
Name HOLMAN AUTOMOTIVE GROUP, INC.
Address 4001 LEADENHALL ROAD
City-State-Zip: MT. LAUREL NJ 08054

Title GENERAL MANAGER, VP,
TREASURER
Name MCNALLY, B.J.
Address 444 EAST KINGS HIGHWAY
City-State-Zip: MAPLE SHADE NJ 08052

Title ASST. SECRETARY
Name MULLIN, KATHERINE A
Address 4001 LEADENHALL ROAD
City-State-Zip: MT LAUREL NJ 08054

Title ASST. TREASURER, SECRETARY
Name CROCKER, BENJAMIN J
Address 499 OLD KINGS HIGHWAY
City-State-Zip: MAPLE SHADE NJ 08052

Title VP
Name HURREN, CHRISTOPHER S
Address 499 OLD KINGS HIGHWAY
City-State-Zip: MAPLE SHADE NJ 08052

Title ASST. SECRETARY
Name NEWELL, MATTHEW E
Address 499 OLD KINGS HIGHWAY
City-State-Zip: MAPLE SHADE NJ 08052

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: BENJAMIN J. CROCKER

SECRETARY

03/16/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date