

4/30

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2002 8:00 am
Secretary of State

04-30-2002 90133 010 ****50.00

DOCUMENT # L00000005738

1. Entity Name

STELLA DEVELOPMENT OF FLORIDA, L.L.C.

Principal Place of Business

1625 HENDRY STREET
 SUITE 301
 FT MYERS FL 33901

Mailing Address

1625 HENDRY STREET
 SUITE 301
 FT MYERS FL 33901

941-59-

2. Principal Place of Business

13750 Plantation Road

Suite, Apt. #, etc.

3. Mailing Address

13750 Plantation Road

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Ft. Myers FL

Zip

33912

Country

USA

City & State

Ft Myers, FL

Zip

33912

Country

USA

4. FEI Number

90-0025049

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CONSOER, GEORGE L JR
 1625 HENDRY STREET
 SUITE 301
 FT MYERS FL 33901

7. Name and Address of New Registered Agent

Name: Adrian Stella

Street Address (P.O. Box Number is Not Acceptable)

13750 Plantation Road

City Ft Myers

FL

Zip Code

33912

8. 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

Signature, typed or printed name of registered agent or authorized representative (NOTE: Registered Agent signature required when reinstating)

Adrian STELLA

4-12-02

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STELLA, ADRIAN P.O. BOX 11918 CAPARRA HEIGHTS SAN JUAN PR 00922	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E083 (9/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

4-12-02

941-225-0066

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #