

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90138 041 \*\*\*\*50.00

DOCUMENT # L000000006311

1. Entity Name

STONEWOOD FT. MYERS, LLC.

947960

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

7091-09 College Pkwy.

Suite, Apt. #, etc.

3. Mailing Address

140 S. Atlantic Ave

Suite, Apt. #, etc.

# 300

DO NOT WRITE IN THIS SPACE

City & State

FT. MYERS, FL

City & State

Ormond Bch, FL

4. FEI Number

59-3661027

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

Zip

33907

Country

USA

Zip

32176

USA

7. Name and Address of Current Registered Agent

Name Sullivan, Douglas E

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

140 S. Atlantic Ave #300

City Ormond Bch

FL

Zip Code

32176

**DO NOT WRITE  
IN THIS SPACE**

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 and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
STONEWOOD RESTAURANT GROUP  
140 S. ATLANTIC AVE SUITE 300  
ORMOND BCH, FL 32176

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: X Douglas E. Sullivan 04/18/02

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

Date

Daytime Phone #

CR2E083B (12/01)