

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

DOCUMENT # L 0000000 7343

1. Entity Name

STANFORD SERVICES, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 FEB 21 PM 4:32

W 2/24

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1015 10TH STREET

3. Mailing Address

1015 10TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LAKE PARK, FL

City & State

LAKE PARK, FL

4. FEI Number

65-1025728

Applied For

Not Applicable

Zip

33403

Country

US

Zip

33403

Country

US

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JAMES COFFEY

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

1015 10TH STREET

City

LAKE PARK

FL

Zip Code

33403

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

1-21-03

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

MANAGER

JAMES COFFEY

1015 10TH STREET

LAKE PARK, FL 33403

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

300012960673
02/21/03--01055--017 **55.00

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:

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

Date

Daytime Phone #

CR2E083B (12/02)