

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

04 JAN 22 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000012122

1. Entity Name
STUART ARCHES, L.L.C.



Principal Place of Business
2502 SE WILLOUGHBY BLVD.
STUART, FL 34994

Mailing Address
2502 SE WILLOUGHBY BLVD.
STUART, FL 34994



01142004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1044749

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHAMBERLIN, JEFFREY D
2502 SE WILLOUGHBY BLVD.
STUART, FL 34994

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Jeffrey D Chamberlin
OPERATING MGR 1/19/04

Filing Fee is \$50.00
Due by May 1, 2004

400028166644
02/04/04--01004--002 **50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CHAMBERLIN, JEFFREY D
461 SW PINE TREE LANE
PALM CITY, FL 34990

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CHESNUT, DAVID
215 S. FEDERAL HWY. #101
STUART, FL 34994

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #