

L000000014125

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (FBR)

DOCUMENT #

1. Entity Name **L000000014125**

STONEGATE MANAGEMENT, LLC



FILED

2003 AUG 21 PM 2:58

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7308 OAK RUN LANE

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 3319

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SARASOTA, FL

Zip
34243

Country

City & State

SARASOTA, FL

Zip

34230

Country

4. FEI Number

65-1062909

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

GEZA VASTAGE

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

7308 OAK RUN LANE

City

SARASOTA

FL

Zip Code
34243

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]

DATE

FEE IS \$50.00

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

9. MANAGING MEMBERS/MANAGERS

TITLE

MRG

NAME

GEZA VASTAG

STREET ADDRESS

7308 OAK RUN LANE

CITY-ST-ZIP

SARASOTA, FL 34243

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

500020539525

06/05/03--01001--020 **150.00

500020539525

08/21/03--01037--003 **100.00

DO NOT WRITE

IN THIS SPACE

REINSTATEMENT

2001-03

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]

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

Date

Daytime Phone #

083B (1/202)