

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90005 031 ****50.00

DOCUMENT # L00000015837

1. Entity Name

STEPPING STONE, LLC



Principal Place of Business

**10568 S.W. WHOOPING CRANE WAY
PALM CITY FL 34990**

Mailing Address

**C/O MEHLICH ROEGIERS. GOLDIN
701 COLORADO AVENUE
STUART FL 34994**

2. Principal Place of Business

10664 SW Whopping Crane Way
Suite, Apt. #, etc.

3. Mailing Address

10664 SW Whopping Crane Way
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Palm City FL

City & State

Palm City FL 34990

4. FEI Number

65-1073808

Applied For

Not Applicable

Zip

34990

Country

Zip

34990

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**UCC FILING & SEARCH SERVICES, INC.
526 EAST PARK AVE.
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

3/11/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☒ Delete
NAME **APTHEKER, STEVEN**
STREET ADDRESS **225 OLD COUNTRY ROAD**
CITY-ST-ZIP **MELVILLE NY 11747**

TITLE **MEM** ☐ Delete
NAME **OSLECKI, DAVID**
STREET ADDRESS **333 RIVER ROAD**
CITY-ST-ZIP **PATCHOGUE NY**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
NAME **OSLECKI, DAVID**
STREET ADDRESS **333 River Road**
CITY-ST-ZIP **Patchogue NY**

TITLE **MGRM** ☒ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

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

3/11/03 772-597-4500

Date

Daytime Phone

0043139

CR2E083 (10/02)