

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-17-2003 90005 033 ****50.00

DOCUMENT # L00000015838

1. Entity Name
SKIPPING STONE, LLC



Principal Place of Business
**10668 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

3. Mailing Address

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

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



☐ CHECK HERE IF MAKING CHANGES

City & State
Palm City FL
Zip
34990
Country

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Palm City FL
Zip
34990
Country

4. FEI Number **65-1073810**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**UCC FILING & SEARCH SERVICES, INC.
528 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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **3/11/03**

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

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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10. ADDITIONS/CHANGES

TITLE **MGRM**
NAME **OSIECKI, DAVID**
STREET ADDRESS **333 RIVER AVENUE**
CITY-ST-ZIP **PATCHOGUE, NY 11772**
☒ Change ☐ Addition

TITLE
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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 # **X21**

CR2E083 (10/02)