2021 WNIFO	RM BUSINESS	REPORT	(UBR)
OCUMENT #	1,000,001,5022		

2001 ซกiform Business Report (UBR)												
DOCU 1. Entity Nam	MENT# L0000001	5922										
STONEGATE DENVER, L.L.C.		gggg		FILED								
Principal Place of Business Mailing Address				2001 MAY -2 PM 3: 03								
11500 EL CLAIR RANCH RD 11500 EL BOYNTON BEACH, FL 33437 BOYNTON												
Principal Place of Business 3. N		3. Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE							
City & State	e	City & State			4. FEI Nu	mber 65-1066561	_		oplied For ot Applicable]		
Zip	Country	Zip	Country		5. Certific	cate of Status Desired	red \$5.00 Additional Fee Required					
	6. Name and Address of Current	Registered Agent		Name	7. Name	and Address of New Reg	gistered A	gent		7		
LEONARD E. GREENBERG 11500 EL CLAIR RANCH ROAD BOYNTON BEACH, FL 33437				P.O. Box Nu	mber is Not Acceptable)				_			
DOTNIC	M BERCH, FE 33431											
				City			FL	Zip Cod	e			
8. The above	named entity submits this statement for	the purpose of changing its	egister e	d office or register	ed agent, or	both, in the State of Florid	da.					
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	Registered	Agent signature required	when reinstating	·	DATE					
			WIII.F	EE IS \$50.00		200004 3 	367	782-	:3 :3			
		Make Check Pay		Department o		*****50						
9.	MANAGING MEMBE	RS/MEMBERS	10.	<u> </u>		ADDITIONS/C				1		
TITLE NAME	MGR □ Delete LEONARD E. GREENBERG		TITLE NAME					☐ Change	☐ Addition	(11/00)		
STREET ADDRESS	11500 EL CLAIR RANCH RD BOYNTON BEACH, FL 33437			T ADORESS ST-ZIP						CR2E083 (
TITLE	DOINTON BEACH, F	Delete	TITLE	····				Change	Addition	CR2		
NAME STREET ADDRESS			name Strée	T ADDRESS								
CITY-ST-ZIP			+	ST-ZIP	•			☐ Change	Addition	1		
NAME		☐ Delete	TITLE NAME		•			□ cuange	[_] Addition			
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP								
TITLE		☐ Delete	TITLE					Change	Addition	1		
NAME STREET ADDRESS			NAME STREE	T ADDRESS								
CITY-ST-ZIP			-	ST-ZIP			-	Chases	Addition	-		
TITLE NAME		☐ Delete	NAME					☐ Change	☐ Addition			
STREET ADDRESS CITY-ST-ZIP			STREE	T ADDRESS ST-ZIP								
TITLE 4	1	☐ Delete	TITLE				1.	☐ Change	Addition	1		
NAME . STREET RESS			NAME STREE	T ADDRESS		ነ						
CITY-ST-Z#			CITY-5	ST-ZIP			at · ·	6 . st - 1 21		-		
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.												
SIGNAT	URE: Konord	Helule.	7									
	SIGNATURE AND TYPED OR PRINTED NAME OF	SIGNING MANAGING MEMBER, MAN	GER, OR A	UTHORIZED REPRESE	TATIVE	Date	Day	time Phone #	_			