

DOCUMENT # L01000000787

1. Entity Name

STILWELL DEVELOPERS, LLC



FILED
Jan 29, 2007 08:00 AM
Secretary of State



1st MOORE

CR2E083 (10/06)

Principal Place of Business

5831 HAMILTON WAY
BOCA RATON FL 33496

Mailing Address

5831 HAMILTON WAY
BOCA RATON FL 33496

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

4. FEI Number

65-1089399

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BDB AGENT CO.
 5355 TOWN CENTER ROAD
 SUITE 900
 BOCA RATON FL 33486

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
 Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY ST ZIP

MGRM
 SINGER, RICHARD
 5831 HAMILTON WAY
 BOCA RATON FL 33496

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY ST ZIP

U000000608314
 02/01/07-80005-013 50.00

☐ Change☐ Add/Amend

TITLE
 NAME
 STREET ADDRESS
 CITY ST ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY ST ZIP

☐ Change☐ Add/Amend

TITLE
 NAME
 STREET ADDRESS
 CITY ST ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY ST ZIP

☐ Change☐ Add/Amend

TITLE
 NAME
 STREET ADDRESS
 CITY ST ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY ST ZIP

☐ Change☐ Add/Amend

TITLE
 NAME
 STREET ADDRESS
 CITY ST ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY ST ZIP

☐ Change☐ Add/Amend

TITLE
 NAME
 STREET ADDRESS
 CITY ST ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY ST ZIP

☐ Change☐ Add/Amend

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #