

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90035 042 \*\*\*\*50.00

DOCUMENT # L01000001774

1. Entity Name

H. STILLMAN, LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

777 S. Flagler Dr

Suite, Apt. #, etc.

Suite 140

City & State

West Palm Beach FL

Zip

33401

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1091012

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Christopher Dembek

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

777 S. Flagler Dr

Suite 140

City

West Palm Beach

FL

Zip Code  
33401

**DO NOT WRITE  
IN THIS SPACE**

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.

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State**

**DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Harris Bank 777 S. Flagler Dr West Palm Beach, FL 33401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Alice Stillman Trustee 777 S. Flagler Dr West Palm Beach FL 33401
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**DO NOT WRITE  
IN THIS SPACE**

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 correct to the best of my knowledge and belief, and 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.

by

**SIGNATURE:**

Christopher J. Dembek

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

Date

Daytime Phone #

CR2E083B (12/02)