


FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L01000001784		APR 28, 2008 08:00 Secretary of State	
1. Entity Name A. STILLMAN, LLC			
Principal Place of Business C/O BILL T. SMITH, JR., P.A. 980 NORTH FEDERAL HIGHWAY, SUITE 402 BOCA RATON, FL 33432		Mailing Address C/O BILL T. SMITH, JR., P.A. 980 NORTH FEDERAL HIGHWAY, SUITE 402 BOCA RATON, FL 33432	
DO NOT WRITE IN THIS SPACE		 01072008No Chg-LLC CR2E083 (12/07)	
		4. FEI Number 65-1091017	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, BILL T ESQ. 980 NORTH FEDERAL HIGHWAY, SUITE 402 BOCA RATON, FL 33432		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			
9. MANAGING MEMBERS/MANAGERS		H000000937279 05/20/08-80100-022 138.75	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM STILLMAN, ROGER 980 NORTH FEDERAL HIGHWAY, SUITE 402 BOCA RATON, FL 33432		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM SMITH, JR, BILL T 980 NORTH FEDERAL HIGHWAY, SUITE 402 BOCA RATON, FL 33432		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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, OR AUTHORIZED REPRESENTATIVE			
Date Daytime Phone #			