

FILED  
Jun 12, 2002 8:00 am  
Secretary of State

05-15-2002 90132 037 \*\*\*\*50.00

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

DOCUMENT # L01000004709

1. Entity Name

STS of Florida, LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

820 E. Park Avenue

Suite, Apt., etc.  
F200

City & State  
Tallahassee, FL

Zip  
32301

Country  
USA

3. Mailing Address

820 E. Park Avenue

Suite, Apt., etc.  
F200

City & State  
Tallahassee, FL

Zip  
32301

Country  
USA

4. FEI Number

01-0673519

Applied For  
☐ Not Applicable

5. Certificate of Status Desired

A \$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Daniel W. Hartman

Street Address (P.O. Box Number is Not Acceptable)  
820 E. Park Avenue

F200

City  
Tallahassee

FL

Zip Code  
32301

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.

SIGNATURE

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

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Manager - Member  
Douglas E. Morgan  
820 E. Park Ave. Suite F-200  
Tallahassee, FL 32301

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
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CITY-ST-ZIP

**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 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

4/30/02 (850) 577-6500

Date

Daytime Phone #

CR2E083B (12/01)