

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

FILED
Jul 30, 2002 8:00 am
Secretary of State

07-30-2002 90001 021 ****50.00

DOCUMENT# L01000008263

1. Entity Name

Stonewall Holdings, L.L.C.

DO NOT WRITE IN THIS SPACE

971531

2. Principal Place of Business

320 Maitland Avenue

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DONOTWRITEINTHISPACE

City & State

Altamonte Springs, FL

City & State

4. FEINumber

59-3719075

Applied For

Not Applicable

Zip

32701

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Richard B. Webber, II

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

320 Maitland Avenue

City

Altamonte Springs

FL

Zip Code

32701

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 title 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	Mgr Richard B. Webber, III 320 Maitland Avenue Altamonte Springs, FL 32701	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Mgr Richard S. Wright 320 Maitland Avenue Altamonte Springs, FL 32701	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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) indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statute

I, Florida Statutes. If further certify that the information I am a managing member or manager of the tocs.

SIGNATURE:

Richard B. Webber II

7/24/2002

407.260.8755

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

Date

Daytime Phone #

CR2E083B (12/01)