2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000012398

1. Entity Name

THE STAMBONE GROUP, LLC



FILED Apr 30, 2003 8:00 am Secretary of State

04-30-2003 90180 013 ****50.00

	· · ·					WE!					
Principal Place	e of Business		Mailing	Address			}				
2515 ORLEANS AVE. LAKELAND FL 33803 US				123 WEST CHRISTINA BLVD. LAKELAND FL 33813			} } }	ir 20:8) (:0 1: 80 :1) 80 1:	i) 20 110 2110 1	1 100 11 00 1 1110	1 111 1 1011 1101
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State			City & State			 -	4. FEI Number	59-373608	32	·	pplied For ot Applicable
Zip	Country Zip Cou				Country		5. Certificate of	Status Desired		\$5.00 Ad	ditional
6. Name and Address of Current Registered Age				Agent			7. Name and A	ddress of New R	egistered	Agent	
					Nai	me			-		
RILEY, CINDY 6957 OLD HIGHWAY 37, SHEPHERD PLAZA LAKELAND FL 33811					Stre	Street Address (P.O. Box Number is Not Acceptable)					
and the received in			•		City			<u> </u>		Zip Coo	to
						<u> </u>			FL	•	~
8. The above the obligati	named entity s ions of register	ubmits this statement f ed agent.	or the purpos	e of changing its	registered offi	ce or register	ed agent, or both,	in the State of Flo	orida. Lam	familiar with	and accept
SIGNATURE _	Signature, typed or s	printed name of registered agen	t and title it applica	able. (NOTE	: Registered Agent	signature required	when reinstating)		DATE		
				FILE NO	W!!! FEE!	S \$50.00	<u> </u>				
			Maka	Check Payable			nt of State				ļ
			inako	_	By May 1,	•	in or otato				
			<u> </u>								
9.	MGRM	MANAGING MEMB	ERS/MANAG		10.	- 		ADDITIONS /	CHANGES		 _
TITLE NAME		, CARMEN J III		Delete	TITLE NAME					☐ Change	☐ Addition
STREET ADDRESS	2515 ORLE				STREET ADDR	1505					
CITY-ST-ZIP	LAKELAND				CITY-ST-ZIP	l					ļ
TITLE	LANCEMIND	TE 00000		☐ Delete	TITLE	- 				☐ Change	☐ Addition
NAME	}			☐ Detete	NAME	1				Unange	☐ Modition
STREET ADDRESS					STREET ADDR	BESS					
CITY-ST-ZIP	`				CITY-ST-ZIP]					
TITLE				Delete	TITLE					☐ Change	☐ Addition
NAME					NAME	-					ر ۱۵۵۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰
ATRICC	ļ				STREET ADDR	iess					i
STREET ADDRESS					1	1					}
STREET ADDRESS CITY-ST-ZIP				<u> </u>	CITY-ST-ZIP						
				☐ Delete	CITY-ST-ZIP					☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME				☐ Delete	, TITLE NAME			 -		☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS				☐ Delete	, TITLE NAME STREET ADDR	I				☐ Change	☐ Addition }
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					TITLE NAME STREET ADDR CITY-ST-ZIP	I					
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	27.00			☐ Delete	NAME STREET ADDR CITY-ST-ZIP	I				☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	-341.05 -201.24	en kindig Takiga san di pinasa sa	Jan Carlo		TITLE NAME STREET ADDR CITY-ST-ZIP TITLE NAME						
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	-341.04 107.42	1000 T.	Januar .		TITLE NAME STREET ADDR CITY-ST-ZIP TITLE NAME STREET ADDR	ESS					
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	771 FQ		- Cardy	☐ Delate	TITLE NAME STREET ADDR CITY-ST-ZIP TITLE NAME STREET ADDR CITY-ST-ZIP	ESS				Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE	70% FXX -247 TX4		- Condition		TITLE NAME STREET ADDR CITY-ST-ZIP TITLE NAME STREET ADDR CITY-ST-ZIP TITLE	ESS					
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	703-158 -247-104 	on with the control of the control o	in the second se	☐ Delate	TITLE NAME STREET ADDR CITY-ST-ZIP TITLE NAME STREET ADDR CITY-ST-ZIP TITLE NAME	ESS	na n			Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE	70 FW 24 TO 24 TO 25 TO	The state of the s	- Children	☐ Delate	TITLE NAME STREET ADDR CITY-ST-ZIP TITLE NAME STREET ADDR CITY-ST-ZIP TITLE	ESS				Change	Addition

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.

IGNATURE: COMMINITED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DE

4/28/03 (863)646-6445