## **2003 LIMITED LIABILITY COMPANY** UNIFORM BUSINESS REPORT (UBR)

## Mar 24, 2003 8:00 am Secretary of State DOCUMENT # L0200006554 03-24-2003 90018 041 \*\*\*\*50.00 STIRLING DEVELOPMENT, LLC Mailing Address Principal Place of Business 1870 CUTLASS COVE DR. 1870 CUTLASS COVE DR. VERO BEACH FL 32963 VERO BEACH FL 32963 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For City & State 4. FEI Number City & State Not Applicable \$5,00 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STRANGE PETER F-Street Address (P.O. Box Number is Not Acceptable) 1870 CUTLASS COVE DR. VERO BEACH FL 32963 Zip Code City 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. ☐ Addition Change ☐ Delete TITLE TITLE MGR NAME STRANGE, PETER F STREET ADDRESS STREET ADDRESS 1870 CUTLASS COVE DR. CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32963 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**FILED**