## LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000034656

1. Entity Name

STEFANO B, LLC



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

04-30-2003 90192 002 \*\*\*\*50.00

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2. Principal Place of Business 667 LINCOLN ROAD	3. Mailing Address 1900 Sunset-Harror	Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.	

DO NOT WRITE IN THIS SPACE

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City & State	21 71	City & State	U Pr A	4. FEI Number		Applied For
MILLIANI DE	ACH FLA	Miami_Be	each + LA	65-1165994	4	Not Applicable
<sup>Zip</sup> 33 139	Country	<sup>zip</sup> 33/39	Country	5. Certificate of Status Desired		\$5.00 Additional Fee Required
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7. Name and Address of C	current Registered Agent
Name RandOLPH P	Potter
Street Address (P.O. Box Number is Not Acc	
CORNERS FONE =	
City PLANTATRION	FL 33324

8.	. The above named	entity submits	s this stateme	nt for the purp	ose of chan	ging its registe	red office or	registered ag	gent, or both	, in the State	of Florida.	am familiar with,	and accept
	the obligations of re	egistered age	ent. 🔆 🕌 🔃										

SIGNATURE

ignature, typed or printed name of registered agent and title if applicable

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

DOL 21, III.									
9.	MANAGING MEMBERS/MANAGERS								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tra S. Barton MANAGER 1900 SUNSET HARBOR Drive 1002 - Miani Beach FC 33/39	TITLE NAME STREET ADDRESS GITY-ST-ZIP							
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY: ST. ZIP							
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<sup>11.</sup> 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:

KE: Ignature and typed or printed name of signing managing member, manager, or authorized representativ

TRAS, BARTON

4/203 305 972-777

# Daytime Phone سند ست

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