

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

DOCUMENT # L02000035107

1. Entity Name

STICAR, LLC



FILED

03 APR 29 PM 12:39

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

300 S.E. 2nd Street

3. Mailing Address

300 S.E. 2nd Street

Suite, Apt. #, etc.

8th Floor

Suite, Apt. #, etc.

8th Floor

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

Zip

33301

Country

Broward

Zip

33301

Country

Broward

4. FEI Number

82-0584454

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Dennis D. Smith, Esq.

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

c/o Tripp, Scott, P.A.

110 S.E. 6th Street, 15th Floor

City

Fort Lauderdale,

FL

Zip Code
33301

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IN THIS SPACE**

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.

SIGNATURE

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

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME

MGRM

STILES, TERRY W.

STREET ADDRESS

300 S.E. 2nd Street

CITY-ST-ZIP

Fort Lauderdale, FL 33301

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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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

Terry W. Stiles

4/18/03

Date

954/627-9300

Daytime Phone #

CR2E083B (12/02)