

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000015187

1. Entity Name
STERLING GROUP JACKSONVILLE, L.L.C.



Principal Place of Business
**2515 DRANE FIELD ROAD
LAKELAND, FL 33811**

Mailing Address
**2515 DRANE FIELD ROAD
LAKELAND, FL 33811**



01162007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CLEMENTS, MARK E ESQ.
MARK E. CLEMENTS, P.A.
310 EAST MAIN STREET
LAKELAND, FL 33801**

**DO NOT WRITE
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.

(NOTE: Registered Agent Signature required when renating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

U000000601745
01/26/07-80062-010 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HALL, JAMES D
STREET ADDRESS	323 EUNICE ROAD
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	MGRM
NAME	CALDWELL, DAVID
STREET ADDRESS	451 ARCHAIC DRIVE
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	MGRM
NAME	MCQUEEN, ROBERT L
STREET ADDRESS	3023 BRIDGEFIELD DRIVE
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	MGRM
NAME	HAGSTROM, STEPHEN R
STREET ADDRESS	905 SEDDON COVE WAY
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	MGRM
NAME	ROWAN, MICHAEL L
STREET ADDRESS	2434 CREWS LAKE HILLS LOOP N.
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

Date

Day/Time Phone #