

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 30, 2005 8:00 am
Secretary of State

08-30-2005 90015 005 ****50.00

DOCUMENT # L03000017399 1. Entity Name STERLING OAKS MANAGEMENT, LLC			
Principal Place of Business 2801 NW 23RD BOULEVARD #D32 GAINESVILLE, FL 32605		Mailing Address 2801 NW 23RD BOULEVARD #D32 GAINESVILLE, FL 32605	
2. Principal Place of Business 4432 NW 23 AVE Suite #8		3. Mailing Address 4432 NW 23 AVE Suite #8	
City & State GAINESVILLE, FL		City & State GAINESVILLE FL	
Zip 32606		Zip 32606	
Country 		Country 	
6. Name and Address of Current Registered Agent SCHNOLL, MARC M. 2801 NW 23RD BLVD #D32 GAINESVILLE, FL 32605		7. Name and Address of New Registered Agent Name MARC M. SCHNOLL Street Address (P.O. Box Number is Not Acceptable) 4432 NW 23 AVE Suite 8 City GAINESVILLE FL Zip Code 32606	
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. <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 10px;"> <div style="width: 30%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> M. Schnoll <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 30%; text-align: right;"> 8/25/05 <small>DATE</small> </div> </div>			
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete SCHNOLL, MARC M 2801 NW 23RD BLVD., #D32 GAINESVILLE, FL 32605	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4432 NW 23 AVE, Ste #8 GAINESVILLE, FL 32606
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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:  MGRM		8/25/05 352-336-1001	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	

20067478



07122005 Chg-LLC CR2E083 (10/03)

4. FEI Number
14-1883838
Applied For
Not Applicable

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