

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000084318

**FILED**  
**Feb 18, 2011**  
**Secretary of State**

**Entity Name:** STERLING PROPERTY SERVICES, LLC

**Current Principal Place of Business:**

27180 BAY LANDING DRIVE, SUITE 4  
BONITA SPRINGS, FL 34135 US

**New Principal Place of Business:**

**Current Mailing Address:**

27180 BAY LANDING DRIVE, SUITE 4  
BONITA SPRINGS, FL 34135 US

**New Mailing Address:**

**FEI Number:** 47-0949755

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCCLURE, ROBERT W  
3511 BONITA BAY BLVD.  
BONITA SPRINGS, FL 34134 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** O'GORMAN, JOHN  
**Address:** 27180 BAY LANDING DRIVE, SUITE 4  
**City-St-Zip:** BONITA SPRINGS, FL 34135 US

**Title:** MGRM  
**Name:** DUBERY, JILL  
**Address:** 27180 BAY LANDING DRIVE, SUITE 4  
**City-St-Zip:** BONITA SPRINGS, FL 34135 US

**Title:** MGRM  
**Name:** SHEFFERD, ANTHONY D  
**Address:** 27180 BAY LANDING DRIVE, SUITE 4  
**City-St-Zip:** BONITA SPRINGS, FL 34135 US

**Title:** MGRM  
**Name:** SHEFFERD, SARAH A  
**Address:** 27180 BAY LANDING DRIVE, SUITE 4  
**City-St-Zip:** BONITA SPRINGS, FL 34135 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** ANTHONY SHEFFERD

MGRM

02/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date