

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000049082

**FILED**  
**May 30, 2009**  
**Secretary of State**

**Entity Name:** STONEBRIDGE UNLIMITED, LLC

**Current Principal Place of Business:**

3244 STONEBRIDGE TRAIL  
VALRICO, FL 33596

**New Principal Place of Business:**

**Current Mailing Address:**

3244 STONEBRIDGE TRAIL  
VALRICO, FL 33596

**New Mailing Address:**

**FEI Number:** 20-2846057      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

ELIZABETH, GRETCHEN  
220 EAST MADISON  
SUITE 810  
TAMPA, FL 33602 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 ( ) Delete  
Name: HASELTINE, WILLIAM F  
Address: 3244 STONEBRIDGE TRAIL  
City-St-Zip: VALRICO, FL 33596

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: WILLIAM F. HASELTINE

MGRM

05/30/2009

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