

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000045051

**FILED**  
**Mar 15, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

454 WESTWOOD CIRCLE WEST  
WEST PALM BEACH, FL 33411

**New Principal Place of Business:**

**Current Mailing Address:**

5222 CHELAN COVE  
LAKE WORTH, FL 33467

**New Mailing Address:**

454 WESTWOOD CIRCLE WEST  
WEST PALM BEACH, FL 33411

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

STERLING, TIMOTHY W  
454 WESTWOOD CIRCLE WEST  
WEST PALM BEACH, FL 33411 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: STERLING, TIMOTHY W  
Address: 454 WESTWOOD CIRCLE WEST  
City-St-Zip: WEST PALM BEACH, FL 33411

Title: MGRM  
Name: STERLING, DOUGLAS W  
Address: 454 WESTWOOD CIRCLE WEST  
City-St-Zip: WEST PALM BEACH, FL 33411

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: TIMOTHY W. STERLING

MGRM

03/15/2012

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