

L23000370554

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

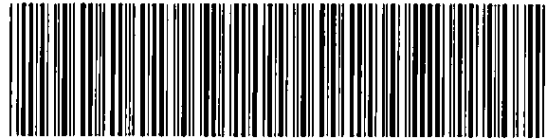
(Business Entity Name)

(Document Number)

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2023 OCT 23 PM 3:55

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: STOCKING ISLAND DEVELOPERS, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Olivia Warden

Name of Person

Steven Serle, P.A.

Firm/Company

5820 N. Federal Hwy

Address

Boca Raton, FL 33487

City/State and Zip Code

olivia@stevenserlepa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Olivia Warden

561
at ()

912-3580

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|---|--|--|

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2007 OCT 23 PM 3:55

If Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: E863C3A1-8265-46BC-BE99-7907649524DF
 If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
 or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Matt Ricketts	104 Rokeby Farm Lane	<input type="checkbox"/> Add
		West Chester, P.A. 19382	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2000

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Filing Fee: \$25.00