

2001 UNIFORM BUSINESS REPORT (UBR)

0022838 AF

DOCUMENT # L99000001496

1. Entity Name

STERLING FINANCIAL CONSULTANTS, L.L.C.

FILED

01 JAN 25 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1397 ROLLING RIDGE ROAD
PALM HARBOR FL 34683

Mailing Address

1397 ROLLING RIDGE ROAD
PALM HARBOR FL 34683

2. Principal Place of Business

2706 ALT 19 N

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

200

City & State

PALM HARBOR FLORIDA

City & State

Zip

34683

Country

FLORIDA

Zip

Country

4. FEI Number

59-3563196

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GASSMAN, ALAN S

1245 COURT STREET, SUITE 102
CLEARWATER FL 33756

7. Name and Address of New Registered Agent

Name

ROTH, ALAN M

Street Address (P.O. Box Number is Not Acceptable)

2706 ALT 19 N S 200

PALM HARBOR FL

34683

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE MGR
NAME GASSMAN, ALAN S
STREET ADDRESS 1245 COURT STREET, SUITE 102
CITY-ST-ZIP CLEARWATER FL 33756 ☐ Delete

TITLE MGR
NAME ROTH, ALAN
STREET ADDRESS 1397 ROLLING RIDGE ROAD
CITY-ST-ZIP PALM HARBOR FL 34683 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)