

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

L99000001496

DOCUMENT # L99000001496

1. Entity Name  
**STERLING FINANCIAL CONSULTANTS, L.L.C.**



FILED

2003 MAR 18 PM 3:05

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Principal Place of Business

2706 ALT 19 N  
PALM HARBOR FL 34683

Mailing Address

2706 ALT 19 N  
PALM HARBOR FL 34683

2. Principal Place of Business

3060 ALT 19 N B5

3. Mailing Address

3060 ALT 19 N B5

Suite, Apt. #, etc.

B5

Suite, Apt. #, etc.

City & State

Palm Harbor

City & State

Palm Harbor FL

Zip

34683

Country

USA

Zip

34683

Country

USA

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

7. Name and Address of New Registered Agent

ROTH, ALAN M  
2706 ALT 19 N. 5200  
PALM HARBOR FL 34683

Name

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ALLAN MICHAEL ROTH  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Change of Address

1/17/03  
DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State  
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME ☒ Delete  
MGR  
ROTH, ALAN  
STREET ADDRESS  
1363 A CLAIRMONT PALM HARBOR  
CITY-ST-ZIP  
PALM HARBOR FL 34683

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

TITLE NAME ☐ Delete  
MGR  
ROTH, ALAN  
STREET ADDRESS  
3060 ALT 19 N B5  
CITY-ST-ZIP  
PALM HARBOR FL 34683

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

TITLE NAME ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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CITY-ST-ZIP

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

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: ALLAN MICHAEL ROTH SIGNATURE REQUIRED

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

1/17/03  
Date

72-7898910  
Daytime Phone #

CR2E083 (10/02)