

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 APR 29 AM 11:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L99000002754**

1. Entity Name

**Stephens Pacific LC**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**1333 N. Duval St.**

Suite, Apt. #, etc.

3. Mailing Address

**1333 N. Duval St.**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Tallahassee, FL**

City & State  
**Tallahassee, FL**

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**Florida Filing & Search Services, Inc.**

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

**1333 N. Duval St.**

City

**Tallahassee**

**FL**

Zip Code

**32302**

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

**Robert Hodge**

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

**4/26/02**

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State**

**DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGR  
Debra Grace Akatsa  
English River, Victoria  
Mahe, Seychelles**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGR  
Natalie Rath  
Anse Boileau  
Mahe, Seychelles**

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**DO NOT WRITE  
IN THIS SPACE**

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

**Janet M. Caruccio  
Auth. Rep.**

**4-24-02**

Date

**302-421-5750**

Daytime Phone #

CR2E083B (12/01)

**FLORIDA FILING & SEARCH SERVICES, INC.**

P.O. BOX 10662 TALLAHASSEE, FL 32302

PH: (850) 668-4318 FX: (850) 668-3398

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DATE: 04-29-02

ACCOUNT NO: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

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*Abbie Hodge*

TYPE OF FILING: UNIFORM BUSINESS REPORTS

NAME: 34 LIMITED LIABILITY COMPANIES

SPECIAL INSTRUCTIONS: NONE

\$1700.00

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02 APR 29 PM 1:08  
DIVISION OF CORPORATION