## '2000 UNIFORM BUSINESS REPORT (UBR) APPROVED **DOCUMENT #** \_L99000003619 1. Entity Name STONE SLP SERVICES, LLC 00 APR 18 PM 1:53 SECRETARY OF STATE Principal Place of Business Mailing Address FALLAHASSEE, FLORIDA 1634 MAIN STREET 1634 MAIN STREET SARASOTA FL 34236 SARASOTA FL 34236-5811 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. MNM City & State Applied For City & State Not Applicable Some Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required - -- -- 6.- Name and Address of Current Registered Agent 7.-Name and Address of New Registered Agent Name STONE. MICHELLE Street Address (P.O. Box Number is Not Acceptable) 1634 MAIN STREET SARASOTA FL 34236 City 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MEMBERS 10. ☐ Change Addittion MGRM TITLE TITLE NAME STONE. MICHELLE NAME STREET ADDRESS 1634 MAIN STREET STREET ADDRESS 000003228840--9 CITY-ST-7IP CITY-ST-719 SARASOTA FL 34236 04/28/00--0100 ann 013 Addition TITLE Delate TITLE \*\*\*\*\*50.00 \*\*\*\*\*50.00 NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY- \$T-ZIP Change 🖺 TITLE - Delete TITLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- ST- ZIP TITLE Change Addition TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-8T-ZIP ☐ Change Addition ... Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY- ST-ZIP Addition ☐ Deleta TITLE TITLE NAME MARKE

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.

STREET ADDRESS

CITY- 8T- ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

Special RESLUES Frichelle Stone

2-14.00

831-643-0904

Daytime Phone