

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007560

1. Entity Name
STONEWOOD NAPLES, LLC

APPROVED
AND
FILED

00 MAY 10 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
140 SOUTH ATLANTIC AVENUE, SUITE 300 140 SOUTH ATLANTIC AVENUE, SUITE 300
ORMOND BEACH FL 32176 ORMOND BEACH FL 32176-6698



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.
735 Airport Pulling Road #201

3. Mailing Address Suite, Apt. #, etc.
City & State Naples, FL

4. FEI Number 59-363415
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
SULLIVAN, DOUGLAS E
140 SOUTH ATLANTIC AVENUE, SUITE 300
ORMOND BEACH FL 32176

7. Name and Address of New Registered Agent
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.

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 NAME MGRM D & G LINKS, LLC
STREET ADDRESS 140 SOUTH ATLANTIC AVENUE, SUITE 300
CITY- ST- ZIP ORMOND BEACH FL 32176

10. ADDITIONS/CHANGES
TITLE NAME 800003279168
STREET ADDRESS -06/07/00--01005--009
CITY- ST- ZIP *****50.00 *****50.00

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 OR MANAGER

4/15/00 904-677-1167
Date Daytime Phone #

CR2E083 (9/99)