

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000009071

1. Entity Name

STOCKINGBROOK PROPERTIES, LLC

Principal Place of Business

1640 LIS COURT DRIVE
VENICE FL 34292

Mailing Address

1640 LIS COURT DRIVE
VENICE FL 34292

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0968880

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MACARTHUR, LINDSAY
1640 LIS COURT DRIVE
VENICE FL 34292

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

MGR
MACARTHUR, LINDSAY
1640 LIS COURT DRIVE
VENICE FL 34292

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

MGR
MACARTHUR, WARRENE S
1640 LIS COURT DRIVE
VENICE FL 34292

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

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

TITLE 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: *[Signature]* SIGNATURE REQUIRED

FILED
Jan 11, 2002 8:00 am
Secretary of State

01-11-2002 90014 035 ****50.00



DO NOT WRITE IN THIS SPACE

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CR2E083 (9/01)

1/7/02 941-404-6076