

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 12, 2004 08:00 AM
Secretary of State

DOCUMENT # M02000002365

1. Entity Name
STERLING-TAMPA FL, LLC



Principal Place of Business
**2700 GRAND AVENUE
BELLMORE, NY 11710**

Mailing Address
**2700 GRAND AVENUE
BELLMORE, NY 11710**



06302004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by September 8, 2004**

1100000165626
07/12/04-80021-004 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR THURMAN, HAROLD 2700 GRAND AVENUE BELLMORE, NY 11710
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR THURMAN, BRAD 2700 GRAND AVENUE BELLMORE, NY 11710
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CONSELVAS, PATRICK J 2700 GRAND AVENUE BELLMORE, NY 11710
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BONCARDO, NICHOLAS J 2700 GRAND AVENUE BELLMORE, NY 11710
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WALZER, WILLIAM 2700 GRAND AVENUE BELLMORE, NY 11710
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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)(f), 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7/6/04 783-6500