

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2008 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**

**DO NOT WRITE IN THIS SPACE**



02132008 No Chg-LLC

CR2E083 (12/07)

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.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331**

**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 reconstituting)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	THURMAN, HAROLD
STREET ADDRESS	2700 GRAND AVENUE
CITY-ST-ZIP	BELLMORE, NY 11710
TITLE	MGR
NAME	THURMAN, BRAD
STREET ADDRESS	2700 GRAND AVENUE
CITY-ST-ZIP	BELLMORE, NY 11710
TITLE	MGR
NAME	CONSELVAS, PATRICK J
STREET ADDRESS	184 EAST MAIN STREET
CITY-ST-ZIP	BABYLON, NY 11702
TITLE	MGR
NAME	BONCARDO, NICHOLAS J
STREET ADDRESS	538 WESTCHESTER AVENUE
CITY-ST-ZIP	RYE BROOK, NY 10573
TITLE	MGR
NAME	WALZER, WILLIAM
STREET ADDRESS	666 OLD COUNTRY ROAD, SUITE 900
CITY-ST-ZIP	OLD WESTBURY, NY 11530
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000833870  
02/28/08-80029-018 143.75

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

2/13/08

Date

Daytime Phone #