

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # M02000002535**

1. Entity Name  
STERLING-ORLANDO FL, LLC



Principal Place of Business  
2700 GRAND AVENUE  
BELLMORE, NY 11710

Mailing Address  
2700 GRAND AVENUE  
BELLMORE, NY 11710



02132008 No Chg-LLC

CR2E083 (12/07)

**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.  
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 reinstating)

DATE \_\_\_\_\_

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

U000000833866  
02/28/08-80029-015 143.75

**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 CONSALVAS, PATRICK J 184 EAST MAIN STREET BABYLON, NY 11702
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR BONCARDO, NICHOLAS 538 WESTCHESTER AVE RYE BROOK, NY 10595
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR WALZER, WILLIAM 666 OLD COUNTRY RD., STE 900 GARDEN CITY, NY 11530
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 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

Date

Daytime Phone #

2/13/08