

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000067146

**Entity Name:** STS PARTNERSHIP, LLC

**Current Principal Place of Business:**

2945 BEE RIDGE ROAD  
SARASOTA, FL 34239

**Current Mailing Address:**

2945 BEE RIDGE ROAD  
SARASOTA, FL 34239 US

**FEI Number:** 26-2972892

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

VOWELS, SUSAN J  
783 HOULE AVE  
SARASOTA, FL 34232 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title            MRS  
Name            VOWELS, SUSAN J  
Address        783 HOULE AVE  
City-State-Zip: SARASOTA FL 34232

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SUSAN VOWELS

**ADMINISTRATOR**

**03/08/2016**

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date