

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000035300

**Entity Name:** STUART ISLE, LLC

**Current Principal Place of Business:**

1001 LEXINGTON AVE  
ROCHESTER, NY 14606

**Current Mailing Address:**

1001 LEXINGTON AVE  
ROCHESTER, NY 14606

**FEI Number:** 26-4658813

**Certificate of Status Desired:** No

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

THOMAS, ROSATI  
10130 NORTHLAKE BLVD  
SUITE 214  
WEST PALM BEACH, FL 33412 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 MGR  
Name SUMMERS, JOHN M  
Address 1001 LEXINGTON AVE  
City-State-Zip: ROCHESTER NY 14606

Title MGR  
Name MARVALD, KENNETH A  
Address 1001 LEXINGTON AVE  
City-State-Zip: ROCHESTER NY 14606

*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:** KENNETH A. MARVALD

**MANAGER**

**01/19/2015**

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

\_\_\_\_\_  
Date