

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1400004711

**FILED**  
**Feb 14, 2019**  
**Secretary of State**  
**2161228901CC**

**Entity Name:** STEARNS HOLDINGS, LLC

**Current Principal Place of Business:**

4 HUTTON CENTRE DR 10TH FLOOR  
SANTA ANA, CA 92707

**Current Mailing Address:**

750 STATE HIGHWAY 121 BYPASS, SUITE 150  
ATTN: LICENSING DEPARTMENT  
LEWISVILLE, TX 75067 US

**FEI Number:** 45-1008219

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: MANAGER  
Name: STEARNS, GLENN B  
Address: 4 HUTTON CENTRE DR 10TH FLOOR  
City-State-Zip: SANTA ANA CA 92707

Title: MANAGER  
Name: MITCHELL, M CHRISTIAN  
Address: 4 HUTTON CENTRE DR 10TH FLOOR  
City-State-Zip: SANTA ANA CA 92707

Title: MANAGER  
Name: CHU, CHIN  
Address: 345 PARK AVE.  
City-State-Zip: NEW YORK NY 10154

Title: MANAGER  
Name: CAREY, WILLIAM  
Address: 4 HUTTON CENTRE DR 10TH FLOOR  
City-State-Zip: SANTA ANA CA 92707

Title: MANAGER  
Name: EL GABBANI, NADIM  
Address: 345 PARK AVE  
City-State-Zip: NEW YORK NY 10154

Title: MANAGER  
Name: BERCHTOLD, MICHAEL  
Address: 4 HUTTON CENTRE DR 10TH FLOOR  
City-State-Zip: SANTA ANA CA 92707

Title: MANAGER  
Name: SCHNEIDER, DAVID  
Address: 4 HUTTON CENTRE DR 10TH FLOOR  
City-State-Zip: SANTA ANA CA 92707

Title: MANAGER  
Name: BRAND, MARTIN  
Address: 4 HUTTON CENTRE DR 10TH FLOOR  
City-State-Zip: SANTA ANA CA 92707

*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:** DAVID SCHNEIDER

**MANAGER**

**02/14/2019**

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

\_\_\_\_\_  
Date