

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000003868

FILED
Mar 19, 2009
Secretary of State

Entity Name: SUNCOAST STONERWORKS, LLC

Current Principal Place of Business:

2946 SOUTH ST.
FT. MYERS, FL 33916

New Principal Place of Business:

Current Mailing Address:

2946 SOUTH ST.
FT. MYERS, FL 33916

New Mailing Address:

PO BOX 7283
FT. MYERS, FL 33911

FEI Number: 13-4236397

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILCOX, CARI L
6591 ST. IVES COURT
FORT MYERS, FL 33966 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WILCOX, CARI
Address: 6591 ST. IVES CT.
City-St-Zip: FORT MYERS, FL 33966

Title: MGR () Delete
Name: NYE, CECILIA M
Address: 3370 ESTERO BLVD.
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: REED, RANSOM
Address: 3370 ESTERO BLVD
City-St-Zip: FORT MYERS BEACH, FL 33931

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: CARI WILCOX

MGRM

03/19/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date