


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 01, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000037741**  
 1. Entity Name  
**RENAISSANCE MASTER STONECARE, LLC**



Principal Place of Business      Mailing Address  
**37 WEST SMITH STREET**      **P.O. BOX 770279**  
**WINTER GARDEN, FL 34787**      **WINTER GARDEN, FL 34777**

**DO NOT WRITE IN THIS SPACE**



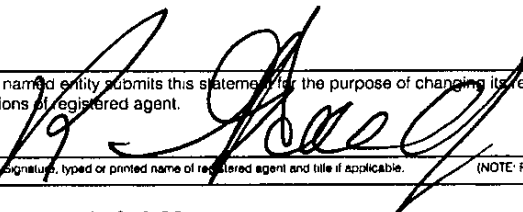
04252007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>20-0273304</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**HAAG, RONALD**  
**37 WEST SMITH STREET**  
**WINTER GARDEN, FL 34787**

**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:       **4/25/07**      DATE

Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

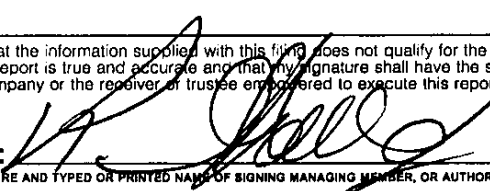
9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CITO, DEBRA L
STREET ADDRESS	37 WEST SMITH STREET
CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	MGRM
NAME	CITO, JOSEPH M
STREET ADDRESS	37 WEST SMITH STREET
CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	MGRM
NAME	HAAG, RONALD
STREET ADDRESS	37 WEST SMITH STREET
CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	MGRM
NAME	HAAG, LECRETIA
STREET ADDRESS	37 WEST SMITH STREET
CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000751143  
 05/18/07-80092-015 50.00

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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:       **4/25/07**      Date      Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE