

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000067869

FILED
Apr 29, 2009
Secretary of State

Entity Name: STONEWOOD KITCHENS, LLC

Current Principal Place of Business:

3949 EVANS AVE., SUTIE 407A
FT. MYERS, FL 33901

New Principal Place of Business:

2216 PARKER AVENUE
FT. MYERS, FL 33905

Current Mailing Address:

2216 PARKER AVENUE
FT. MYERS, FL 33905

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHALANDER, WAYNE
4711 SE 15 AVENUE
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

DICOWDEN, MARK G
2785 NE 183 STREET
SUITE 600
AVENTURA, FL 33160 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: MARK G. DICOWDEN

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CHALANDER, WAYNE
Address: 4711 SE 15 AVENUE
City-St-Zip: CAPE CORAL, FL 33904

Title: MGRM (X) Delete
Name: HARBOR SPRINGS CONSTRUCTION AND DEVELOPMEN
Address: 2216 PARKER AVENUE
City-St-Zip: FT. MYERS, FL 33905

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HARBOR SPRINGS CONSTRUCTION AND DEVELOPMEN
Address: 2216 PARKER AVENUE
City-St-Zip: FT. MYERS, FL 33905

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

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: THOMAS P KILLINGSWORTH

MGRM

04/29/2009

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