

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000019728

Entity Name: FAMILYSTONE, LLC**Current Principal Place of Business:**8213 STOCKTON WAY
TAMPA, FL 33647**Current Mailing Address:**8213 STOCKTON WAY
TAMPA, FL 33647**FEI Number: 81-0665515****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MUNGENAST, JOHN
8213 STOCKTON WAY
TAMPA, FL 33647 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 HOWELL, MARY S
Address 5213 STOCKTON WAY
City-State-Zip: TAMPA FL 33647

Title MGR
Name BRILL, THEODORE
Address 5213 SHOCKTON WAY
City-State-Zip: TAMPA FL 33647

Title MGR
Name SMITH, PATTI
Address 5213 STOCKTON WAY
City-State-Zip: TAMPA FL 33647

Title MGR
Name MUNGENAST, JOHN E
Address 5213 STOCKTON WAY
City-State-Zip: TAMPA FL 33647

Title MGR
Name MUNGENAST, PATRICIA A
Address 5213 STOCKTON WAY
City-State-Zip: TAMPA FL 33647

Title MGR
Name MUNGENAST, JAMES E
Address 5213 STOCKTON WAY
City-State-Zip: TAMPA FL 33647

Title AUTHORIZED MEMBER
Name MUNGENAST, ANDREW J JR
Address 806 NOKOMIS CIRCLE
City-State-Zip: LANCASTER TX 75146

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: JOHN MUNGENAST**MNG MEMBER****02/21/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date