

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000005414

FILED  
Mar 10, 2008  
Secretary of State

Entity Name: STYLES IN STONE, L.L.C.

**Current Principal Place of Business:**

3157 S.E. DOMINICA TERRACE  
STUART, FL 34997

**New Principal Place of Business:**

**Current Mailing Address:**

3157 S.E. DOMINICA TERRACE  
STUART, FL 34997

**New Mailing Address:**

FEI Number: 65-1005957

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VARGAS, CAROLINA ABADI  
4061 S.W. ALICE STREET  
PORT SAINT LUCIE, FL 34953 US

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

ABADIA- VARGAS, CAROLINA  
4061 S.W. ALICE STREET  
PORT SAINT LUCIE, FL 34953 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: ABADIA CAROLINA

03/10/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P ( ) Delete  
Name: ABADIA-VARGAS, CAROLINA  
Address: 4061 S.W. ALICE STREET  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: VP ( ) Delete  
Name: VARGAS, CARLOS A  
Address: 4061 S.W. ALICE STREET  
City-St-Zip: PORT SAINT LUCIE, FL 34953

**ADDITIONS/CHANGES:**

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

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: ABADIA CAROLINA

P

03/10/2008

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