

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000005502 1. Entity Name MILLSTONE FORM & POUR, LLC	
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Principal Place of Business 740 COMMERCE DR UNIT 9 VENICE, FL 34292	Mailing Address 740 COMMERCE DR UNIT 9 VENICE, FL 34292
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06292005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number 65-1008669	Applied For ☐ Not Applicable ☒
5. Certificate of Status Desired	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BONE, BOONE, BOONE, HINES & KODA, P.A. 1001 AVE DEL CIRCO P.O. BOX 1596 VENICE, FL 34285
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**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 _____

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE _____

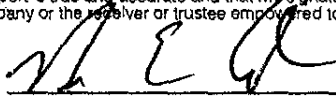
**Filing Fee is \$50.00
Due by September 7, 2005**

**U000000375363
08/02/05-80001-013 55.00**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR ADRIAN, DENNIS 740 COMMERCE DRIVE UNIT 9 VENICE, FL 34292
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 

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

Date

Daytime Phone #