# 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

| Principal Place of Business | Mailing Address |
|---|---|
| 740 COMMERCE DR UNIT 9<br>VENICE, FL 34292 | 740 COMMERCE DR UNIT 9<br>VENICE, FL 34292 |

DO NOT WRITE IN THIS SPACE

06292005No Chg-LLC CR2E083 (10/03)

4. FEI 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

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 _____ DATE
Signature required of printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

U00000375363
08/02/05-80001-013 55.00

| 9. | MANAGING MEMBERS/MANAGERS |
|---|---|
| TITLE | MGR |
| NAME | ADRIAN, DENNIS |
| STREET ADDRESS | 740 COMMERCE DRIVE UNIT 9 |
| CITY ST ZIP | VENICE, FL 34292 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #