

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90188 036 *****50.00

DOCUMENT # L00000014157

1. Entity Name

MILLSTONE MASONRY, LLC



Principal Place of Business

**2073 PORTER LAKE DR
UNIT C
SARASOTA FL 34240**

Mailing Address

**2073 PORTER LAKE DR
UNIT C
SARASOTA FL 34240**

2. Principal Place of Business

395 COMMERCIAL COURT

Suite, Apt. #, etc.

SUITE D

City & State

VENICE, FL

Zip

34292

Country

U.S.A.

3. Mailing Address

395 COMMERCIAL COURT

Suite, Apt. #, etc.

SUITE D

City & State

VENICE, FL

Zip

34292

Country

U.S.A.



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1056365**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NAPOLITANO & COOPER, P.A.
100 WALLACE AVE SUITE 240
SARASOTA FL 34237**

7. Name and Address of New Registered Agent

Name

**STEPHEN K. BOONE
BOONE, BOONE, BOONE, HINES & KOBA, P.A.**

Street Address (P.O. Box Number is Not Acceptable)

1001 AVE DEL CIRCO

P.O. BOX 1596

City

VENICE

FL

Zip Code

34285

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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Stephen K. Boone

4-25-03

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MONTGOMERY, ROBERT 2073 PORTER LAKE DR, UNIT C SARASOTA FL 34240	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ADRIAN, DENNIS 2073 PORTER LAKE DR, UNIT C SARASOTA FL 34240	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Date

Daytime Ph.

ADRIAN MGR 3/5/03

(941) 485-6501

CR2E083 (10/02)