

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90088 033 ****50.00

DOCUMENT # L01000013364

1. Entity Name
EMPIRE STONE DESIGNS, LLC



Principal Place of Business

**9671 SWEETLEAF ST.
ORLANDO FL 32827**

Mailing Address

**9671 SWEETLEAF ST.
ORLANDO FL 32827**

2. Principal Place of Business

1314 SPRUCE AVE

3. Mailing Address

1314 SPRUCE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

ORLANDO FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip
32824

Country
USA

Zip
32824

Country
USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SISSON, LARRY
218 SOUTHERN COUNTRY LANE
QUINCY FL 32351**

7. Name and Address of New Registered Agent

Name **MIRIAM M. ROBLES**

Street Address (P.O. Box Number is Not Acceptable)
9671 SWEETLEAF ST

City **ORLANDO**

FL

Zip Code
32824

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 reinstating)

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 **MGRM** ☐ Delete
NAME **ROBLES, SEGIO**
STREET ADDRESS **9671 SWEETLEAF STREET**
CITY-ST-ZIP **ORLANDO FL 32827**

TITLE **MGRM** ☐ Delete
NAME **ROBLES, DAVID**
STREET ADDRESS **6060 SCOTCHWOOD GLEN UNIT 102**
CITY-ST-ZIP **ORLANDO FL 32822**

TITLE **MGRM** ☐ Delete
NAME **MIRIAM MICHELLE ROBLES**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☒ Change ☐ Addition
NAME **ROBLES, SERGIO**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **10096 MARSH PINE CIR**
CITY-ST-ZIP **ORLANDO FL 32832**

TITLE ☐ Change ☒ Addition
NAME **MGRM**
STREET ADDRESS **MIRIAM MICHELLE ROBLES**
CITY-ST-ZIP **9671 SWEETLEAF ST ORLANDO FL 32827**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED

4/23/03 (407) 855-1580

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

Date

Daytime Phone #

CR2E083 (10/02)