

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90196 026 ****50.00

DOCUMENT # L02000002824

1. Entity Name

NAGLE STONE LLC



Principal Place of Business

3308 RUSSETT DRIVE
TAMPA FL 33618

Mailing Address

3308 RUSSETT DRIVE
TAMPA FL 33618

2. Principal Place of Business

1221 Country Close Dr

3. Mailing Address

1221 Country Close Dr



1st MOORE

CR2E083 (10/04)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

38-3496136

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

City & State
Lutz FL

City & State
Lutz FL

Zip
33548

Country
Pasco

Zip
33548

Country
Pasco

6. Name and Address of Current Registered Agent

LUKOMSKI, JAMES S
3308 RUSSETT DRIVE
TAMPA FL 33618

7. Name and Address of New Registered Agent

Name

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

1221 Country Close Dr

City

Lutz

FL

Zip Code

33548

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, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME LUKOMSKI, JAMES S
STREET ADDRESS 3308 RUSSETT DR
CITY-ST-ZIP TAMPA FL 33618 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR
NAME Lukomski, James S
STREET ADDRESS 1221 Country Close Dr
CITY-ST-ZIP Lutz FL 33548 ☒ Change ☐ Addition

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: James S Lukomski James S Lukomski 1-24-05 924-5031
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #