


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90026 006 ***138.75

DOCUMENT # L02000006934			
1. Entity Name THE STONE STORE, LLC			
Principal Place of Business 3040 GATEWAY DRIVE POMPANO BEACH, FL 33069		Mailing Address 3040 GATEWAY DRIVE POMPANO BEACH, FL 33069	
2. Principal Place of Business - No P.O. Box # 255 Golden Beach Drive		3. Mailing Address 255 Golden Beach Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Golden Beach, FL		City & State Golden Beach, FL	
Zip 33160	Country USA	Zip 33160	Country USA
6. Name and Address of Current Registered Agent SCHIMMEL, ROBERT L 3191 CORAL WAY PH-2 MIAMI, FL 33145		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERMINGHAM, STEPHEN M 3040 GATEWAY DRIVE POMPANO BEACH, FL 33069 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	255 Golden Beach Drive Golden Beach, FL 33160 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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04232008 Chg-LLC CR2E083 (12/06)

4. FEI Number **75-3049433** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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.

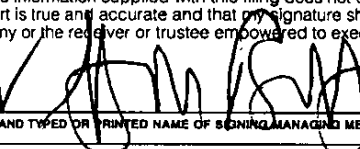
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**Make check payable to
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that 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:  **4/29/08** **305-705-9989**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #