

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000015608

1. Entity Name  
PRISMA STONE L.L.C.



Principal Place of Business

6914 NW 42 STREET  
MIAMI, FL 33166

Mailing Address

6914 NW 42 STREET  
APT. 7T  
MIAMI, FL 33166

**DO NOT WRITE IN THIS SPACE**



01132004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
61-1418113

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DURAN, ALFREDO G  
2601 S. BAYSHORE DR., STE. 1400  
MIAMI, FL 33133

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME LATTANZIO, CARLOS  
STREET ADDRESS 1341 CROSSBILL COURT  
CITY-ST-ZIP WESTON, FL 33327

TITLE MGR  
NAME LIEVANO, ALVARO  
STREET ADDRESS 3109 BRANDY STATION  
CITY-ST-ZIP ATLANTA, GA 30339

TITLE MGR  
NAME TABORDA, LUIS CARLOS  
STREET ADDRESS 10350 WEST BAY HARBOR DR., APT. 7T  
CITY-ST-ZIP BAY HARBOR ISLANDS, FL 33154

TITLE MGR  
NAME BALLESTAS, ANDRES  
STREET ADDRESS 422 GLENRIGE RD.  
CITY-ST-ZIP KEY BISCAVNE, FL 33149

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000152818  
05/04/04-80100-018 50.00

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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

April 30/04

Date

Daytime Phone #