

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000027758

1. Entity Name
STONEMONT VILLAGE ASSOCIATES, LLC



Principal Place of Business
2930 STONEMONT STREET
JACKSONVILLE, FL 32207

Mailing Address
2930 STONEMONT ST
JACKSONVILLE, FL 32207



01092008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
05-0590289

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUMBLE, JOHN
6526 CHIRSTOPHER POINT WEST
JACKSONVILLE, FL 32217

**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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000795512 ...
01/28/08-80051-001 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CANTRELL, ROBERT W II
STREET ADDRESS	12303 MANDARIN RD
CITY- ST- ZIP	JACKSONVILLE, FL 32223
TITLE	MGRM
NAME	RUMBLE, JOHN C
STREET ADDRESS	6526 CHRISTOPHER POINT ROAD W.
CITY- ST- ZIP	JACKSONVILLE, FL 32217
TITLE	MGRM
NAME	RUMBLE, JANET S
STREET ADDRESS	6526 CHRISTOPHER POINT ROAD W.
CITY- ST- ZIP	JACKSONVILLE, FL 32217
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

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

Date

Daytime Phone #

1-17-08 139-3118