

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90056 019 ****50.00

DOCUMENT # L03000046678

1. Entity Name

ED MCNEIL CUSTOM STONE WORK, L.L.C.



Principal Place of Business

1625 SABOFF WAY
CHULUOTA FL 32766

Mailing Address

1625 SABOFF WAY
CHULUOTA FL 32766

2. Principal Place of Business

1907 WALDO ST
Orlando, FL 32806

3. Mailing Address

1907 WALDO ST
Orlando, FL 32806

City & State

Orlando FL

City & State

Orlando FL

Zip

32806

Country

US

Zip

32806

Country

US

4. FEI Number

27-0615945

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCNEIL, ED
1625 SABOFF WAY
CHULUOTA FL 32766

7. Name and Address of New Registered Agent

Name

Ed McNeil

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

1907 WALDO ST

City

Orlando

FL

Zip Code

32806

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 Ed McNeil Owner

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/04

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME MCNEIL, ED
STREET ADDRESS 1625 SABOFF WAY
CITY-STATE-ZIP CHULUOTA FL 32766 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
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CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-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:

Ed McNeil ED MCNEIL

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

Date

4/22/04

Daytime Phone #

4073534678