

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90196 050 ****50.00

DOCUMENT # L03000046678

1. Entity Name

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



Principal Place of Business

Mailing Address

1907 WALDO ST.
ORLANDO FL 32806

1907 WALDO ST.
ORLANDO FL 32806



2. Principal Place of Business - No P.O. Box #

1907 WALDO ST.

3. Mailing Address

1907 WALDO ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/06)

City & State

Orl, FL

City & State

Orl, FL

4. FEI Number

77-0615945

Applied For

Not Applicable

Zip

32806

Country

US

Zip

32806

Country

US

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

6. Name and Address of Current Registered Agent

MCNEIL, ED
1709 WALDO ST.
ORLANDO FL 32806

7. Name and Address of New Registered Agent

Name

MCNEIL, ED

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

1907 WALDO ST.

City

Orl

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

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

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

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CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR
NAME MCNEIL, ED
STREET ADDRESS 1907 WALDO ST.
CITY- ST- ZIP Orl, FL 32806 ☒ Change ☐ Addition

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

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

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

TITLE
NAME
STREET ADDRESS
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 exemptions contained in Section 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: Ed McNEIL

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

1/28/07

Date

4073534678

Daytime Phone #