2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State
04-08-2005 90280 025 ****50.00

DOCUMENT # L03000048974

1. Entity Name
ROCK STAR STONE MASONRY L.L.C.

Principal Place of Business
MOBIL
1625 SABOTT WAY
CHULUOTA, FL 32766

Mailing Address
P.O. BOX 660117
CHULUOTA FL 32766

04062005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business: 1625 SABOFF WAY
Suite, Apt. #, etc.: ~~Chuluota, Fl 32766~~
City & State: Chuluota, FL 32766
Zip: 32766 Country: USA

3. Mailing Address: 1625 Sabboff Way
Suite, Apt. #, etc.
City & State: ~~FL~~ Chuluota, FL
Zip: 32766 Country: USA

4. FEI Number: 02-0761832 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
MCNEIL, EDWIN R
1625 SABOTT WAY
P.O. BOX 660117
CHULUOTA, FL 32766

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 N.A ~~Edwin~~ McNeil 04/07/05
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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGR NAME: MCNEIL, EDWIN R STREET ADDRESS: 1625 SABOTT WAY CITY-ST-ZIP: CHULUOTA, FL 32766	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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] 04/07/05 4075385642
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #