## 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Jan 29, 2008 8:00 am **Secretary of State DOCUMENT # L04000006386** 1. Entity Name 01-29-2008 90063 033 \*\*\*138.75 R.W. STUCCO, STONE, AND PLASTERING LLC. Principal Place of Business Mailing Address 137 PARKLAND DR. 137 PARKLAND DR. *EUUNAs ca* LAKE PLACID, FL 33852 LAKE PLACID, FL 33852 US 01082008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For NOT APPLICABLE Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WEST, ROCKY B DO NOT WRITE 137 PARKLAND DR. LAKE PLACID, FL 33852 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 9. MANAGING MEMBERS/MANAGERS TITLE MGR WEST, ROCKY B NAME STREET ADDRESS 137 PARKLAND DR. CITY-ST-ZIP LAKE PLACID, FL 33852 TITLE STREET ADDRESS COY-ST-7P TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling 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:

FILED