2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State
03-24-2005 90201 009 ****50.00

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1. Entity Name
FLORIDA STONE DESIGNS, LIMITED COMPANY

Principal Place of Business	Mailing Address
3385 S. MCCALL ROAD ENGLEWOOD, FL 34224 US	3385 S. MCCALL ROAD ENGLEWOOD, FL 34224 US

01142005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
3385 S. McCALL RD.	3385 S. McCALL RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ENGLEWOOD FL	City & State: ENGLEWOOD FL
Zip: 34224 Country: USA	Zip: 34224 Country: USA

4. FEI Number: 20-0686616 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GLASSMAN, DANIEL
3385 S. MCCALL ROAD
ENGLEWOOD, FL 34224

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM GLASSMAN, DANIEL 3385 S. MCCALL ROAD ENGLEWOOD, FL 34224	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM HALUNEN, MICHAEL 3385 S. MCCALL ROAD ENGLEWOOD, FL 34224	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM DAVIDS, WENDELL 2446 8TH AVENUE ST. JAMES CITY, FL 33956	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #