

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90026 032 ****50.00

DOCUMENT # L04000012603

1. Entity Name
STONE GATE LC



Principal Place of Business
10859 EMERALD COAST PKWY W., #4-430
DESTIN, FL 32550

Mailing Address
10859 EMERALD COAST PKWY W., #4-430
DESTIN, FL 32550

20008369



04162007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
83-0386861

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JONES, CHRISTOPHER R
10859 EMERALD COAST PKWY W., #4-430
DESTIN, FL 32550

**DO NOT WRITE
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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
JONES, DENNIS A
10859 EMERALD COAST PKWY W., #4-430
DESTIN, FL 32550

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
JONES, CYNTHIA L
10859 EMERALD COAST PKWY W., #4-430
DESTIN, FL 32550

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
JONES, CHRISTOPHER R
10859 EMERALD COAST PKWY W., #4-430
DESTIN, FL 32550

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing 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: Christopher Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

04/17/07
Date

880-654-0011
Daytime Phone #