

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L04000019149**

1. Entity Name  
**STEWART'S REMODELING, LLC**



Principal Place of Business  
**9452 NASTRAN CIR  
PORT CHARLOTTE, FL 33981**

Mailing Address  
**9452 NASTRAN CIR  
PORT CHARLOTTE, FL 33981**



04172008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**56-2236518**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**STEWART, ALFRED J  
9452 NASTRAND CIRCLE  
PORT CHARLOTTE, FL 33981**

**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

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

U000000910136  
05/06/08-80097-019 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	STEWART, ALFRED J
STREET ADDRESS	9452 NASTRAND CIRCLE
CITY-ST-ZIP	PORT CHARLOTTE, FL 33981
TITLE	MGRM
NAME	STEWART, KETHLEEN M
STREET ADDRESS	9452 NASTRAND CIRCLR
CITY-ST-ZIP	PORT CHARLOTTE, FL 33981
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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:**

*Kathleen M Stewart*

4-18-08

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

Date

Daytime Phone #