

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000042793

FILED
Apr 21, 2010
Secretary of State

Entity Name: STONETEK LLC

Current Principal Place of Business:

2069 SW 31ST AVE
PEMBROKE PARK, FL 33009 US

New Principal Place of Business:

3126 JOHN P. CURCI DR.
SUITE #1
PEMBROKE PARK, FL 33009 US

Current Mailing Address:

2069 SW 31ST AVE
PEMBROKE PARK, FL 33009 US

New Mailing Address:

3126 JOHN P. CURCI DR.
SUITE #1
PEMBROKE PARK, FL 33009 US

FEI Number: 81-0650904

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROCAZUL CORP.
2069 SW 31ST AVE
PEMBROKE PARK, FL 33009 US

Name and Address of New Registered Agent:

ROCAZUL CORP.
3126 JOHN P. CURCI DR.
SUITE #1
PEMBROKE PARK, FL 33009 US

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.

SIGNATURE: ROCAZUL CORP

04/21/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: ROCAZUL CORP.
Address: 3126 JOHN P. CURCI DR., SUITE #1
City-St-Zip: PEMBROKE PARK, FL 33009 US

Title: MGR
Name: BERKOTEK DESIGN PRACTICE, LLC.
Address: 3126 JOHN P. CURCI DR., SUITE #1
City-St-Zip: PEMBROKE PARK, FL 33009 US

Title: MGR
Name: CABANELLAS, OLIVIER J MR.
Address: RUA CASTELO RODRIGO, 140
City-St-Zip: BELO HORIZONTE, MG 30330-160 BR

Title: MGR
Name: CABANELLAS, ALEXANDER M MR.
Address: RUA PADRE PEDRO EVANGELISTA, 166 AP 603
City-St-Zip: BELO HORIZONTE, MG 30535-490 BR

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: BERKOTEK DESIGN PRACTICE LLC

GM

04/21/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date