

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90119 039 ****55.00

DOCUMENT # L04000044262

1. Entity Name

CORNERSTONE MANAGEMENT & INVESTMENT, LLC



Principal Place of Business

3960 NAVY BLVD.
SUITE 41
PENSACOLA FL 32507
US

Mailing Address

3960 NAVY BLVD.
SUITE 41
PENSACOLA FL 32507
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 11186

Suite, Apt. #, etc.

Suite, Apt. #, etc.



1st MOORE

CR2E083 (10/04)

City & State

City & State

PENSACOLA, FLORIDA

4. FEI Number

20-1240034

Applied For

Not Applicable

Zip

Country

Zip

Country

32524

ESCAMBIA

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THAMES, JASON S
40 NORWOOD DRIVE
PENSACOLA FL 32506

Name

MARIA CALDERON

Street Address (P.O. Box Number is Not Acceptable)

3560 DELOACH STREET, SUITE A

City

PENSACOLA

FL

Zip Code

32514

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

Maria Calderon

MARIA CALDERON

3/22/2005

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM ☐ Delete
NAME THAMES, JASON S
STREET ADDRESS 40 NORWOOD DRIVE
CITY-ST-ZIP PENSACOLA FL 32506

TITLE MGRM ☐ Delete
NAME CALDERON, ROBERTO
STREET ADDRESS 3560 DE LOACH STREET, SUITE A
CITY-ST-ZIP PENSACOLA FL 32514

TITLE MGRM ☐ Delete
NAME CALDERON, MARIA
STREET ADDRESS 3560 DE LOACH STREET, SUITE A
CITY-ST-ZIP PENSACOLA, FL 32514

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addit
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CITY-ST-ZIP

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CITY-ST-ZIP

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:

Maria Calderon

3/22/05 (850) 292-0359

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

Date

Daytime Phone #