

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 11, 2008 08:00 A
Secretary of State

DOCUMENT # L04000047198

1. Entity Name
STONE & ASSOCIATES, LLC



Principal Place of Business
**3825 HENDERSON BLVD., #403
TAMPA, FL 33629-5032**

Mailing Address
**3825 HENDERSON BLVD., #403
TAMPA, FL 33629-5032**

DO NOT WRITE IN THIS SPACE



03302008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
02-0724650

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**STONE, STEPHEN M
725 NORTH MAGNOLIA AVENUE
ORLANDO, FL 32803**

**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**

000000892906
04/23/08-80082-024 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
STONE, LEON N
3825 HENDERSON BOULEVARD SUITE 403
TAMPA, FL 33629**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
ROSS, BERNICE
3825 HENDERSON BOULEVARD SUITE 403
TAMPA, FL 33629**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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: _____

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

Date

Daytime Phone #

3/29/08 813 287 8809