

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 08, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000049670



1. Entity Name
MARBLE & STONE INTERNATIONAL, LLC

Principal Place of Business
**678 SHETTER AVE
JACKSONVILLE BEACH, FL 32250**

Mailing Address
**678 SHETTER AVE
JACKSONVILLE BEACH, FL 32250**



01172008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

58-2537044

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FAVA, DONNA
678 SHETTER AVE
JACKSONVILLE BEACH, FL 32250**

**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**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	FAVA, GIORGIO
STREET ADDRESS	220 PABLO RD
CITY-ST-ZIP	PONTE VEDRA, FL 32082
TITLE	MGRM
NAME	FAVA, DONNA
STREET ADDRESS	220 PABLO RD
CITY-ST-ZIP	PONTE VEDRA, FL 32082
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000886547
04/18/08-80061-024-138.75

**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 #

04/04/08

904.242.9532