

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000063013

Entity Name: JVS STONE SUPPLY, LLC

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

3395 SW 74TH AVENUE
#A-4
OCALA, FL 34474 US

Current Mailing Address:

3395 SW 74TH AVENUE
#A-4
OCALA, FL 34474 US

New Principal Place of Business:

3425 SW 74TH AVENUE
#A
OCALA, FL 34474 US

New Mailing Address:

3425 SW 74TH AVENUE
#A
OCALA, FL 34474 US

FEI Number: 33-1099809

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ROUSE, HARVEY
Address: 12680 SW 48TH LANE ROAD
City-St-Zip: OCALA, FL 34481 US

Title: MGRM () Delete
Name: ROUSE, ROBERTA
Address: 12680 SW 48TH LANE ROAD
City-St-Zip: OCALA, FL 34481 US

Title: MGRM () Delete
Name: ROUSE, FRANK
Address: 12727 SW 48TH LANE ROAD
City-St-Zip: OCALA, FL 33481 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: FRANK A. ROUSE

MGRM

04/29/2008

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