


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000075892**

1. Entity Name  
**VALENCIA STONE OF THE WEST COAST, LLC**



Principal Place of Business 16615 US HWY. 19 HUDSON, FL 34667	Mailing Address 16615 US HWY. 19 HUDSON, FL 34667
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**DO NOT WRITE IN THIS SPACE**



02162008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-1773341	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**KIERZYNSKI, MICHAEL J**  
**5143 COMMERCIAL WAY**  
**SPRING HILL, FL 34806**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRIGSBY, CHRISTINE C 1393 ARBUCKLE RD SPRING HILL, FL 34608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ANDRADE, WALDIR 9325 SOUTHERN BELLE DR WEEKI WACHEE, FL 34613
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 05/21/08-80091-022 138.75

**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:** *Christina Grigsby* **x** *4/25/08*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #