2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000040961

1. Entity Name
CORNERSTONE INDUSTRIES, LLC

Principal Place of Business	Mailing Address
5200 SUNBEAM ROAD JACKSONVILLE, FL 32257 US	4317 ST. JAMES COURT JACKSONVILLE, FL 32257 US

DO NOT WRITE IN THIS SPACE

03212008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number 20-2741754	Applied For
	Not Applicable
5. Certificate of Status Desired ☐	$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BUCCI, VINNIE
4317 ST. JAMES COURT
JACKSONVILLE, FL 32257

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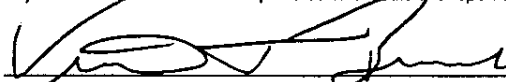
FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000867140
04/08/08-80058-002 138.75

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IN THIS SPACE

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BUCCI, VINNIE
STREET ADDRESS	4317 ST. JAMES COURT
CITY-ST-ZIP	JACKSONVILLE, FL 32257
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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____   3/21/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #