

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000041513

**FILED**  
**May 10, 2011**  
**Secretary of State**

**Entity Name:** STONE IMAGE DESIGNS LLC

**Current Principal Place of Business:**

1159 OCCOEE-APOPKA ROAD  
APOPKA, FL 32703

**New Principal Place of Business:**

**Current Mailing Address:**

1159 OCCOEE-APOPKA ROAD  
APOPKA, FL 32703

**New Mailing Address:**

**FEI Number:** 20-2750265

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TAX CARE, INC.  
417 CENTER POINTE CIRCLE  
SUITE 1737  
ALTAMONTE SPRINGS, FL 32701 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:** P,T  
**Name:** GOMEZ, LUIS A  
**Address:** 1740 STEFAN COLE LN  
**City-St-Zip:** APOPKA, FL 32703 US

**Title:** VP  
**Name:** SUAREZ, ALEXANDER  
**Address:** 606 STANFORD DR  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32714

**Title:** S  
**Name:** HEREDIA, ANGEL M  
**Address:** 623 MOCKINGBIRD LANE  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32714

I hereby 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:** LUIS GOMEZ

P,T

05/10/2011

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