

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 09, 2007 08:00-AM
Secretary of State**

DOCUMENT # L05000057783

1. Entity Name
SUNSHINE STONE PRODUCTS, LLC



Principal Place of Business
**37 NE 16TH STREET
OCALA, FL 34475 US**

Mailing Address
**P.O. BOX 5315
OCALA, FL 34478 US**



01042007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
26-3949791

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**UNITED STATES CORPORATION AGENTS, INC.
1111 LINCOLN RD
SUITE 400
MIAMI BEACH, FL 33139**

**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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SCOFIELD, DAVID C
37 NE 16TH STREET
OCALA, FL 34475**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SCOFIELD, KIMBERLY A
37 NE 16TH STREET
OCALA, FL 34475**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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U000000579821
01/10/07-80022-015 50.00

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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: *Kim Scofield* **KIM SCOFIELD**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/5/07 352-694-4309

D300

Daytime Phone #