

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000098286

FILED
Aug 29, 2008
Secretary of State

Entity Name: STONE TECH DESIGNS, LLC

Current Principal Place of Business:

34342 US HIGHWAY 19 N
PALM HARBOR, FL 34684

New Principal Place of Business:

2153 WOODS COURT
PALM HARBOR, FL 34683

Current Mailing Address:

34342 US HIGHWAY 19 N
PALM HARBOR, FL 34684

New Mailing Address:

2153 WOODS COURT
PALM HARBOR, FL 34683

FEI Number: 20-3793541 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

VAFADARI, PEYMAN
2153 WOODS COURT
PALM HARBOR, FL 34683 US

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: VAFADARI, PEYMAN
Address: 2153 WOODS COURT
City-St-Zip: PALM HARBOR, FL 34683

Title: MGRM () Delete
Name: ZOHOURI, MICHEL
Address: 4880 JEWELL TER
City-St-Zip: PALM HARBOR, FL 34685

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: SALATA, MARYNA
Address: 2153 WOODS COURT
City-St-Zip: PALM HARBOR, FL 34683

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: PEYMAN VAFADARI

MGMR

08/29/2008

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