

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000109014

Entity Name: MARIO'S STONE & TILE LLC

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

11567 ALEXIS FOREST DR
JACKSONVILLE, FL 32258 US

New Principal Place of Business:

Current Mailing Address:

11567 ALEXIS FOREST DR
JACKSONVILLE, FL 32258 US

New Mailing Address:

FEI Number: 20-3771720 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:

MACORRI, PELLUMB
11567 ALEXIS FOREST DR
STE B
JACKSONVILLE, FL 32258 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: MGR () Delete
Name: MACORRI, PELLUMB
Address: 11567 ALEXIS FOREST DR
City-St-Zip: JACKSONVILLE, FL 32258 US

Title: MGRM () Delete
Name: PAULIN, SHKURTAJ
Address: 11610 SUMMER BROOK CT
City-St-Zip: JACKSONVILLE, FL 32258 US

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: MACORRI, PELLUMB
Address: 11567 ALEXIS FOREST DR
City-St-Zip: JACKSONVILLE, FL 32258 US

Title: S (X) Change () Addition
Name: PAULIN, SHKURTAJ
Address: 11610 SUMMER BROOK CT
City-St-Zip: JACKSONVILLE, FL 32258 US

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: PAULIN SHKURTAJ

PS

05/01/2009

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