

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 02, 2007 8:00 am
Secretary of State

08-02-2007 90031 041 ****50.00

DOCUMENT # L06000002867

1. Entity Name
COMMERCIAL STUCCO & STONE DESIGNS LLC



Principal Place of Business
**4517 W 23RD STREET
SUITE C
PANAMA CITY, FL 32405**

Mailing Address
**4517 W 23RD STREET
SUITE C
PANAMA CITY, FL 32405**

60054086



2. Principal Place of Business - No P.O. Box #

7708 McElvey Rd

Suite, Apt. #, etc.

3. Mailing Address

7708 McElvey Rd

Suite, Apt. #, etc.

08012007 Chg-LLC CR2E083 (12/06)

City & State

Panama City Beach, FL

Zip

32408

Country

USA

City & State

Panama City Beach, FL

Zip

32408

Country

4. FEI Number

20-4076008

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LEE, MICHEAL A
2320 LAKEGROVE ROAD
WEWAHITCHKA, FL 32465**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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]
Signature, typed or printed name of registered agent and title if applicable.

Mike Lee

(NOTE: Registered Agent signature required when reinstating)

DATE

8/1/07

**Filing Fee is \$50.00
Due by September 14, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **LEE, MICHEAL A**
STREET ADDRESS **2320 LAKEGROVE ROAD**
CITY - ST - ZIP **WEWAHITCHKA, FL 32465**

TITLE **MGR** ☐ Delete
NAME **GWIN, BRADLEY T**
STREET ADDRESS **138 GRAND LAGOON SHORES DRIVE**
CITY - ST - ZIP **PANAMA CITY BEACH, FL 32408**

TITLE **MGR** ☐ Delete
NAME **GWIN, RICHARD**
STREET ADDRESS **PO BOX 28474**
CITY - ST - ZIP **PANAMA CITY BEACH, FL 32411**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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CITY - ST - ZIP

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TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Mike Lee

8/1/07

Date

850-233-7660

Daytime Phone #