


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 09, 2007 8:00 am
Secretary of State

07-09-2007 90114 003 ****50.00

DOCUMENT # L06000027844	
1. Entity Name ELEGANT FOAM & STONE LLC	

40123948



Principal Place of Business 131 LONGLEY DRIVE PORT CHARLOTTE, FL 33954	Mailing Address 131 LONGLEY DRIVE PORT CHARLOTTE, FL 33954
--	--

2. Principal Place of Business - No P.O. Box # 1050 Innovation Ave	3. Mailing Address 1050 Innovation Ave
Suite, Apt. #, etc. Unit 108	Suite, Apt. #, etc. Unit 108
City & State North Port, FL	City & State North Port, FL
Zip 34289	Country US

07052007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-4591049	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SOMMERS, KRISTYN 131 LONGLEY DRIVE PORT CHARLOTTE, FL 33954	7. Name and Address of New Registered Agent Name Kristyn Sommers Street Address (P.O. Box Number is Not Acceptable) 1500 Pecan St. City Nokomis FL Zip Code 34275
---	--

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 *Kristyn Sommers* DATE 7-05-07
Signature, typed or printed name of registered agent, and date if applicable (NOTE: Registered Agent signature required when reinstating)

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

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOMMERS, KRISTYN 131 LONGLEY DRIVE PORT CHARLOTTE, FL 33954 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Sommers, Kristyn 1500 Pecan St. Nokomis, FL 34275 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOMMERS, ROBERT W 131 LONGLEY DRIVE PORT CHARLOTTE, FL 33954 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Kristyn Sommers* DATE 7-5-07 (941) 429-7979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE