

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000027844

FILED
Jul 25, 2007
Secretary of State**Entity Name:** ELEGANT FOAM & STONE LLC**Current Principal Place of Business:**1050 INNOVATION AVE
UNIT 108
NORTH PORT, FL 34289**New Principal Place of Business:****Current Mailing Address:**1050 INNOVATION AVE
UNIT 108
NORTH PORT, FL 34289**New Mailing Address:**131 LONGLEY DRIVE
PORT CHARLOTTE, FL 33954**FEI Number:** 20-4591049**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SOMMERS, KRISTYN
1500 PECAN ST.
NOKOMIS, FL 34275 US**Name and Address of New Registered Agent:**SOMMERS, TERRI
131 LONGLEY DRIVE
PORT CHARLOTTE, FL 33954 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: TERRI SOMMERS

07/25/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** MGRM () Delete
Name: SOMMERS, KRISTYN
Address: 1500 PECAN ST.
City-St-Zip: NOKOMIS, FL 34275**Title:** MGRM (X) Delete
Name: SOMMERS, ROBERT W
Address: 131 LONGLEY DRIVE
City-St-Zip: PORT CHARLOTTE, FL 33954**ADDITIONS/CHANGES:****Title:** MGMB (X) Change () Addition
Name: SOMMERS, TERRI
Address: 131 LONGLEY DRIVE
City-St-Zip: PORT CHARLOTTE, FL 33954**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

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: TERRI SOMMERS

MGMB

07/25/2007

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