2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000037263

1. Entity Name
CONSULTING & TRADING OF STONE LLC

Principal Place of Business	Mailing Address
460 4TH LANE SW VERO BEACH, FL 32962	460 4TH LANE SW VERO BEACH, FL 32962

DO NOT WRITE IN THIS SPACE

01112008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
20-4709966	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

DEGANELLO, GUIDO
1810 NORTH GARDEN GROVE CIRCLE
VERO BEACH, FL 32962

DO NOT WRITE
IN THIS SPACE

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, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	DEGANELLO, GUIDO
STREET ADDRESS	460 4TH LANE SW
CITY-ST-ZIP	VERO BEACH, FL 32962
TITLE	MGRM
NAME	DEGANELLO, PAMELA
STREET ADDRESS	460 4TH LANE SW
CITY-ST-ZIP	VERO BEACH, FL 32962
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000808633
02/07/08-80050-013 138.75

DO NOT WRITE
IN THIS SPACE

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: _____   01-25-08   7725649666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #