

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000048882

FILED  
Mar 23, 2009  
Secretary of State

**Entity Name:** GRANITE DEPOT OF NORTH FLORIDA, LLC.

**Current Principal Place of Business:**

2703 PHILIPS HIGHWAY  
JACKSONVILLE, FL 32207 US

**New Principal Place of Business:**

**Current Mailing Address:**

2703 PHILIPS HIGHWAY  
JACKSONVILLE, FL 32207 US

**New Mailing Address:**

**FEI Number:** 20-4888004

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MAHFUZ, ELIAS  
470 NE 185TH STREET  
NORTH MIAMI BEACH, FL 33179 US

**Name and Address of New Registered Agent:**

MAHFUZ, ELIAS  
2703 PHILIPS HWY  
JACKSONVILLE, FL 32207 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:**

03/23/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: E & D INDUSTRIAL COR, P D/B/A GRANIT E DEPOT  
Address: 470 NE 185TH STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

Title: MGR ( ) Delete  
Name: LS STONES, LLC.,  
Address: 2703 PHILIPS HIGHWAY  
City-St-Zip: JACKSONVILLE, FL 32207 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: E & D INDUSTRIAL COR, P D/B/A GRANIT E DEPOT  
Address: 2703 PHILIPS HWY  
City-St-Zip: JACKSONVILLE, FL 32207 US

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:** LIAN SACAQUINI

OFFI

03/23/2009

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