

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90050 010 ****50.00

DOCUMENT # L06000071195

1. Entity Name
SOUTHEAST STONEWORKS, LLC



Principal Place of Business
**1141 HOLLAND DR. #27-28
BOCA RATON, FL 33487**

Mailing Address
**1141 HOLLAND DR. #27-28
BOCA RATON, FL 33487**

60010917



2. Principal Place of Business - No P.O. Box #
900 NW 17th St

3. Mailing Address
900 NW 17th St

Suite, Apt. #, etc.
Suite # 202

Suite, Apt. #, etc.
Suite # 202

01102007 Chg-LLC CR2E083 (12/06)

City & State
Delray Beach

City & State
Delray Beach

4. FEI Number
74-3196862

Applied For
☐ Not Applicable

Zip
33445

Country
Palm Beach

Zip
33445

Country
Palm Beach

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**D'ALMEIDA, ARTHUR B ESQUIRE
105 E. PALMETTO PARK RD.
BOCA RATON, FL 33432**

Name **Anthony Polera**

Street Address (P.O. Box Number is Not Acceptable)
900 NW 17th Ave Ste 202

City **Delray Beach** FL Zip Code **33445**

8. The above named entity admits 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

01.27.07

**Filing Fee is \$50.00
Due by May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
POLERA, DEBRA
900 NW 17TH AVE.
DELRAY BEACH, FL 33445** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
POLERA, DEBRA
900 NW 17TH AVE Ste 202
DELRAY BEACH FL 33445** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
POLERA, VITO A
900 N2 17TH AVE.
DELRAY BEACH, FL 33435** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
POLERA, VITO A
900 NW 17TH AVE Ste 202
DELRAY BEACH FL 33445** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
POLERA, CARA D
900 NW 17TH AVE.
DELRAY BEACH, FL 33435** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
POLERA, CARA D
900 NW 17TH AVE Ste 202
DELRAY BEACH FL 33445** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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☐ Change ☐ 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:

Debra Polera m m

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

01.27.07

Date

561.278.6849

Daytime Phone #