2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #L06000100045



FILED

Jan 10, 2007 8:00 am Secretary of State 01-10-2007 90060 017 ****50.00

| LIONSTO | DNE MARBLE AND TILE INS | STALLERS, LLC | | |
|--|--|--|--|---|
| 2243 N.E. 172ND STREET 2243 N. SUITE 1 SUITE 1 | | Mailing Address 2243 N.E. 172ND STREE SUITE 1 NORTH MIAMI BEACH, FL | | ************************************** |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 01052007 Chg-LLC CR2E083 (12/06) |
| City & State | | City & State | | 4. FEI Number 32 - 0/8 96 58 Applied For Not Applicable |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired |
| | 6. Name and Address of Current I | Registered Agent | | 7. Name and Address of New Registered Agent |
| | | | Name | |
| 2243 N.E. SUITE 1 | IUSTINIANO 172ND STREET IIAMI BEACH, FL 33160 | | Street Address | s (P.O. Box Number is Not Acceptable) |
| NORTHW | IIAIVII BEACH, FL 33100 | | City | FL Zip Code |
| | named entity submits this statement for tions of registered agent. | r the purpose of changing its re | ł egistered office or regist | tered agent, or both, in the State of Florida. I am familiar with, and accept |
| SIGNATURE . | Signature, typed or printed name of registered agent a | and title if applicable. (NOTE: | Registered Agent signature requir | red when reinstating) DATE |
| Filing Fee is \$50.00 Due by May 1, 2007 | | | | Make check payable to Florida Department of State |
| 9. | MANAGING MEMBE | RS/MANAGERS | 10. | ADDITIONS/CHANGES |
| TITLE | MGR | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | GOMEZ, JUSTINIANO | | NAME | |
| STREET ADDRESS | | | STREET ADDRESS | |
| CITY-ST-ZIP | NORTH MIAMI BEACH, FL 3316 | | CITY-ST-ZIP | |
| TITLE | | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME STREET ADDRESS | | | NAME STREET ADDRESS | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | |
| TITLE | | ☐ Delete — | HELE | ☐ Change ☐ Addition |
| NAME | | | NAME | |
| STREET ADDRESS CITY-ST-ZIP | 1 | | STREET ADDRESS CITY-ST-ZIP | |
| | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE NAME | | L. Delete | TITLE | Change Assurant |
| STREET ADDRESS | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | |
| | li de la constant de | | | |
| TITLE | | ☐ Delete | TITLE | ☐ Change ☐ Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | | | NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | | | NAME STREET ADDRESS CITY-ST-ZIP | |

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.