

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 05, 2007 8:00 am
Secretary of State

07-05-2007 90155 034 ****50.00

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| DOCUMENT # L06000101474 | | | | | |
| 1. Entity Name A1A STYLE STONE & TILE, LLC | | | | | |
| Principal Place of Business 1784 SENECA BLVD. WINTÉ SPRINGS, FL 32708 | | Mailing Address 1784 SENECA BLVD. WINTÉ SPRINGS, FL 32708 | | | |
| 2. Principal Place of Business - No P.O. Box # 1825 Elm Street | | 3. Mailing Address 1825 Elm Street | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Oviedo, FL | | City & State Oviedo, FL | | 4. FEI Number 14-1979985 | |
| Zip 32765 | | Country USA | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent PAZ, VICTORIA 1784 SENECA BLVD. WINTÉ SPRINGS, FL 32708 | | | 7. Name and Address of New Registered Agent Name: STARK, Victoria Street Address (P.O. Box Number is Not Acceptable): 1825 Elm Street City: Oviedo FL Zip Code: 32765 | | |
| 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: <i>Victoria Stark</i> VICTORIA STARK, MGRM DATE: 07/02/07 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small> | | | | | |
| Filing Fee is \$50.00 Due by September 14, 2007 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM PAZ, VICTORIA 1784 SENECA BLVD. WINTÉ SPRINGS, FL 32708 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM Stark Victoria 1825 Elm Street Oviedo, FL 32765 | |
| <input type="checkbox"/> Delete | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
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| 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: <i>Victoria Stark</i> VICTORIA STARK | | | 07/02/07 (786) 554-1156 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | <small>Date Daytime Phone #</small> | | |