

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000105467

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: STONE OF THE CARIBBEAN LLC

**Current Principal Place of Business:**

181 NAVARRE AVE  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

7289 NW 12 ST  
MIAMI, FL 33126

**Current Mailing Address:**

181 NAVARRE AVE  
CORAL GABLES, FL 33134

**New Mailing Address:**

7289 NW 12 ST  
MIAMI, FL 33126

FEI Number: 20-5811602

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GRIMAUX, EDUARDO M  
5006 BENEVA RD  
SARASOTA, FL 34233 US

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

GRIMAUX, EDUARDO M  
7289 NW 12 ST  
MIAMI, FL 33126 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:

04/21/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P ( ) Delete  
Name: GRIMAUX, EDUARDO M  
Address: 181 NAVARRE AVE  
City-St-Zip: CORAL GABLES, FL 33134

Title: V ( ) Delete  
Name: DECAMPS, JULIO A  
Address: 181 NAVARRE AVE  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES:**

Title: P (X) Change ( ) Addition  
Name: GRIMAUX, EDUARDO M  
Address: 7289 NW 12 ST  
City-St-Zip: MIAMI, FL 33126

Title: V (X) Change ( ) Addition  
Name: DECAMPS, JULIO A  
Address: 7289 NW 12 ST  
City-St-Zip: MIAMI, FL 33126

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: SOL DE CAMPS

VP

04/21/2009

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