


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008 2/2

FILED
Mar 27, 2008 8:00 am
Secretary of State

02-20-2008 90023 016 ***143.75

DOCUMENT # L07000029481

1. Entity Name
ROLLED STONE LLC



Principal Place of Business Mailing Address

**7330 SOUTH US HIGHWAY #1
 PORT SAINT LUCIE FL 34952
 US** **PO BOX 880128
 PORT SAINT LUCIE FL 34988
 US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

442 SW LAKE WHITNEY PL. **BY 880128**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

PORT ST. LUCIE, FLORIDA **PORT ST LUCIE, FLORIDA**

Zip Country Zip Country

34986 **U.S.A.** **34988-0128** **U.S.A**

4. FEI Number Applied For

208665509 Not Applicable

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



1st MOORE CR2E083 (10/07)

6. Name and Address of Current Registered Agent

**LANCIERI, MARIO
 1710 SW MOCKINGBIRD DRIVE
 PORT SAINT LUCIE FL 34986**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-electing)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANCIERI, MARIO	NAME	
STREET ADDRESS	1710 SW MOCKINGBIRD DRIVE	STREET ADDRESS	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34986	CITY-ST-ZIP	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANCIERI, KIMBERLY	NAME	
STREET ADDRESS	1710 SW MOCKINGBIRD DRIVE	STREET ADDRESS	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34986	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 609, Florida Statutes.

SIGNATURE:  **Mario Lancieri, President 2/8/8**

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