

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000031391

FILED  
Jan 26, 2009  
Secretary of State

Entity Name: COMPLETE STONE SPECIALIST LLC

**Current Principal Place of Business:**

8870 N. HIMES AVENUE, STE. 140  
TAMPA, FL 33614

**New Principal Place of Business:**

**Current Mailing Address:**

8870 N. HIMES AVENUE, STE. 140  
TAMPA, FL 33614

**New Mailing Address:**

FEI Number: 26-0165938

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SUAREZ, WILLIAM  
3151 DUNSTABLE DRIVE  
LAND O'LAKES, FL 34638 US

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

SUAREZ, WILLIAM  
12519 CARA CARA LOOP  
BRADENTON, FL 34212 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:

01/26/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SUAREZ, WILLIAM  
Address: 8870 N. HIMES AVENUE, STE. 140  
City-St-Zip: TAMPA, FL 33614

Title: MGR ( ) Delete  
Name: TORO, DEBRALEE  
Address: 8870 N. HIMES AVENUE, STE. 140  
City-St-Zip: TAMPA, FL 33614

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: WILLIAM SUAREZ

MR

01/26/2009

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