

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000031391

**FILED**  
**Mar 19, 2010**  
**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  
12519 CARA CARA LOOP  
BRADENTON, FL 34212 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

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

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

I hereby 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

MGR

03/19/2010

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