

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000031391

**FILED**  
**Sep 09, 2011**  
**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:**

SUAREZ, WILLIAM  
24 S PALM AVE  
SARASOTA, FL 34236 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: WILLIAM SUAREZ

09/09/2011

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

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

09/09/2011

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