

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90030 031 ***138.75

DOCUMENT # L07000064368					
1. Entity Name MIKE CLARK STONE MASONRY LLC					
Principal Place of Business 2355 ROXBORO CT. DELAND, FL 32724			Mailing Address 2355 ROXBORO CT. DELAND, FL 32724		
2. Principal Place of Business - No P.O. Box # SAME as		3. Mailing Address 6280 Running eagle Trl			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State DeLeon Springs FL		4. FEI Number 611532938	
Zip		Country 32130 Volusia		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CLARK, MICHAEL K 2355 ROXBORO CT. DELAND, FL 32724			7. Name and Address of New Registered Agent Name Clark Michael K Street Address (P.O. Box Number is Not Acceptable) 6280 Running eagle Trl City DeLeon Springs FL Zip Code 32130		
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 <u>Mike Clark</u> <u>Mike Clark</u> <u>4-28-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>					
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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLARK, MICHAEL K 2355 ROXBORO CT. DELAND, FL 32724	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Clark Michael K 6280 Running eagle Trl DeLeon Springs FL 32130	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARADA, RAMON L 1760 HIGHLAND PARK RD DELAND, FL 32720	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 608, Florida Statutes.					
SIGNATURE: <u>Mike Clark</u>			<u>Mike Clark</u> <u>4-25-08</u> <u>307 250-0551</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		

60031686



04182008 Chg-LLC CR2E083 (12/06)

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

Name
Clark Michael K

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

6280 Running eagle Trl

City DeLeon Springs FL Zip Code 32130

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Make check payable to
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 DELAND, FL 32724

☒ Delete

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