

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

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90167 001 ***277.50

DOCUMENT # L07000069515

1. Entity Name

THE QUARRY-CARROLLWOOD LLC



Principal Place of Business

12701 N. DALE MABRY HIGHWAY
TAMPA FL 33618
US

Mailing Address

1842 GUNN HIGHWAY
ODESSA FL 33556
US



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

12915 N. Dale Mabry Hwy

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/07)

City & State

Tampa, FL

City & State

Zip

Country

Zip

Country

4. FEI Number

26-0640964

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

INTERNATIONAL GRANITE AND STONE LLC
1842 GUNN HIGHWAY
ODESSA FL 33556

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

Signature, typed or printed name of registered agent is not to be applicable

(NOTE: Registered agent's signature required when resigning)

DATE

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

TITLE: MGR ☐ Delete
NAME: INTERNATIONAL GRANITE AND STONE
STREET ADDRESS: 1842 GUNN HIGHWAY
CITY-STATE-ZIP: ODESSA FL ODESSA-A

TITLE: ☐ Delete
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STREET ADDRESS:
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10. ADDITIONS/CHANGES

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
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CITY-STATE-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 608, Florida Statutes.

SIGNATURE:

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

Date

Display Phone #

4/2/08

813-920-6500