

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # **L070000073148**

1. Entity Name

Stone Gems Flooring LLC



FILED
10 MAR 16 PM 1:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

Stone Gems Flooring
LLC

Stone Gems Flooring
LLC

2. Principal Place of Business - No P.O. Box #
2600 Fernleaf Dr

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Green Cove Springs, FL

City & State

4. FEI Number 22-3966659

Applied For

Not Applicable

Zip
32043

Country
USA

Zip

Country

5. ~~Continued at Statement Due Date~~ ☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Spiegel & Utrera, P.A.

1840 Coral Way, 4th Floor

Miami, FL

33145

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 and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

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

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
President-mgrm
Cindy Lackey
2600 Fernleaf Dr
Green Cove Springs, FL 32043 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
President-mgrm
Cindy Lackey
2600 Fernleaf Dr
Green Cove Springs, FL 32043 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP-mgrm
James H Lackey
2600 Fernleaf Dr
Green Cove Springs, FL 32043 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP-mgrm
James H Lackey
2600 Fernleaf Dr
Green Cove Springs, FL 32043 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Mgrm
Mark Lewis
1720 E 58th St
Tallahassee, FL 32309 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Mgrm
Mark Lewis
1720 E 58th St
Tallahassee, FL 32309 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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: Cindy Lackey

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

03/08/2010 904-248-8116

Date

Daytime Phone #

S. HAWKES
MAR 17 2010
EXAMINER