


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 08, 2008 8:00 am
Secretary of State

08-08-2008 90034 045 ***143.75

DOCUMENT # L07000114713	
1. Entity Name MASON-CRETE EMPORIUM L.L.C.	

Principal Place of Business 6185 LAKEVILLE RD ORLANDO, FL 32818	Mailing Address 6185 LAKEVILLE RD ORLANDO, FL 32818
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50009202



2. Principal Place of Business - No P.O. Box # 525 L.F. ROPER PARKWAY		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State OCOC FL.		City & State	
Zip 34761	Country U.S.A	Zip	Country

08052008 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-1737336	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00	Additional Fee Required
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6. Name and Address of Current Registered Agent MARTIN, MICHAEL J 6185 LAKEVILLE RD ORLANDO, FL 32818		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MARTIN, MICHAEL J 6185 LAKEVILLE ROAD ORLANDO, FL 32818 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

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

8-6-08

Date

Daytime Phone #