

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

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90324 047 ***143.75

DOCUMENT # L07000114953

1. Entity Name

AFFORDABLE PRECISION GRANITE, LLC



Principal Place of Business

24037 MADACA LANE #103
PORT CHARLOTTE FL 33954

Mailing Address

24037 MADACA LANE #103
PORT CHARLOTTE FL 33954



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

P.O. Box 512552

3. Mailing Address

P.O. Box 512552

Suite, Apt. #, etc.

SAME

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/07)

City & State

City & State

Punta Gorda FL

4. FEI Number

77-0707184

Applied For

Not Applicable

Zip

Country

Zip

33951

Country

Charlotte

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUFFINI, JOHN PAUL
24037 MADACA LANE #103
PORT CHARLOTTE FL 33954

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]

(NOTE: Registered Agent's signature required when reinstating)

DATE

4/17/08

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	MGRM	<input type="checkbox"/> Delete
NAME	RUFFINI, JOHN PAUL	
STREET ADDRESS	24037 MADACA LANE #103	
CITY- ST- ZIP	PORT CHARLOTTE FL 33954	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- 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

Daytime Phone #