## 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# L07000114971

City-St-Zip:

EDGEWATER, FL 32141

Entity Name: FANTAZTIC STONE LLC

FILED Apr 30, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1869 ORANGE TREE DR EDGEWATER, FL 32141 **Current Mailing Address: New Mailing Address:** 1869 ORANGE TREE DR EDGEWATER, FL 32141 FEI Number: 20-2332465 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCHMIDT, JOSEPH 1869 ORANGE TREE DR EDGEWATER, FL 32141 US 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. SIGNATURE: JOSEPH SCHMIDT Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete SCHMIDT, JOSEPH Name: Name: Address: 1869 ORANGE TREE DR Address: City-St-Zip: EDGEWATER, FL 32141 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: BOWEN, TAMMY Name: Address: 1869 ORANGE TREE DR Address: City-St-Zip: EDGEWATER, FL 32141 City-St-Zip: Title: MRGM () Delete Title: () Change () Addition MERKLE, DAVID Name: Name: 1869 ORANGE TREE DR Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

City-St-Zip:

SIGNATURE: JOSEPH SCHMIDT MGRM 04/30/2009