

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000123913

FILED
Jul 23, 2008
Secretary of State

Entity Name: SYRTA FINE STONE & PAVERS, LLC

Current Principal Place of Business:

625 N CENTRAL AVE
OVIEDO, FL 32765 US

New Principal Place of Business:

Current Mailing Address:

625 N CENTRAL AVE
OVIEDO, FL 32765 US

New Mailing Address:

FEI Number: 26-1562997 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:

ANDERSEN, KOREY
625 N CENTRAL AVE
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ANDERSEN, KOREY
Address: 625 N CENTRAL AVE
City-St-Zip: OVIEDO, FL 32765 US

Title: MGRM () Delete
Name: SAUNDERS, JOSEPH
Address: 410 NORTH STREET, 146
City-St-Zip: LONGWOOD, FL 32750 US

Title: MGRM () Delete
Name: MCDOWELL, SUSAN B
Address: 410 NORTH STREET
City-St-Zip: LONGWOOD, FL 32750 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: KOREY ANDERSEN

MGRM

07/23/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date