

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # L07000127760					
1. Entity Name MARION NORTHSIDE STONE, LLC					
Principal Place of Business 5605 NORTH U.S. HWY 441 OCALA, FL 34475			Mailing Address 5605 NORTH U.S. HWY 441 OCALA, FL 34475		
2. Principal Place of Business - No P.O. Box # 10711 N US Hwy 441		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Ocala, FL		City & State		4. FEI Number 20-1729947	
Zip 34475	Country US	Zip	Country	5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LEE, DONALD E 5605 NORTH U.S. HWY 441 OCALA, FL 34475			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 _____ (NOTE: Registered Agent signature required when reappointing)					
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	MGRM EARTHMOVERS, INC. 5605 NORTH U.S. HWY 441 OCALA, FL 34475	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Lee, Donald E. 11340 NE 40th St Rd Silver Springs, FL 34488	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Lee, Denver E. 11300 NE 40th St Rd Silver Springs, FL 34488	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Lee, Dallas E. 11378 NE 40th St Rd Silver Springs, FL 34488	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Sardinas, Lynette L 11494 NE 40th St Rd Silver Springs, FL 34488	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date _____ Daytime Phone # _____					