

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000127865

1. Entity Name
SPECTACULAR STONE LLC



FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAR 31 PM 2: 25

Principal Place of Business
**512 BRIGHTON WAY
CASSELBERRY, FL 32707**

Mailing Address
**512 BRIGHTON WAY
CASSELBERRY, FL 32707**

2. Principal Place of Business - No P.O. Box #
14014 SE 175th St.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 372
Suite, Apt. #, etc.

City & State
Weirsdale, FL
Zip
32195 Country
U.S.

City & State
Fruitland Park, FL
Zip
34731 Country
U.S.

03072008 Chg-LLC CR2E083 (12/06)

4. FEI Number
26-1639435 Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DRAWDY, JAMES D
512 BRIGHTON WAY
CASSELBERRY, FL 32707**

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 James D. Drawdy
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

3/14/08
DATE

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
DRAWDY, JAMES D
512 BRIGHTON WAY
CASSELBERRY, FL 32707** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200121539362 ☐ Change ☐ Addition
03/28/08--01035--001 **138.50

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200121539362 ☐ Change ☐ Addition
03/28/08--01035--002 **0.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
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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: James D. Drawdy James D. Drawdy 3/14/08 407-209-4017
Signature, typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #