## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000016641

Entity Name: SOUTHEAST STONE RESTORATION, LLC

**FILED** Apr 30, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

3337 LAKEVIEW OAKS DRIVE 220 SPRINGVIEW COMMERCE DR LONGWOOD, FL 32779

SUITE 170

DEBARY, FL 32713

**Current Mailing Address: New Mailing Address:** 

3337 LAKEVIEW OAKS DRIVE 220 SPRINGVIEW COMMERCE DR SUITE 170

SUITE 170 LONGWOOD, FL 32779

DEBARY, FL 32713

ADDITIONS/CHANGES:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

OSWALD, DOUGLAS W C/O OSWALD & OSWALD, P.L 222 S. WESTMONTE DRIVE, SUITE 210 ALTAMONTE SPRINGS, FL 32714 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:

Date

Electronic Signature of Registered Agent

MANAGING MEMBERS/MANAGERS:

() Delete Title: (X) Change ( ) Addition

D'AGOSTINO, MARK D'AGOSTINO, KAREN Name: Name:

Address: 3337 LAKEVIEW OAKS DRIVE Address: 220 SPRINGVIEW COMMERCE DR STE 170

City-St-Zip: LONGWOOD, FL 32779 City-St-Zip: DEBARY, FL 32713

Title: () Delete Title: MGRM ( ) Change (X) Addition

D'AGOSTINO, MARK Name: Name:

Address: Address: 220 SPRINIVEW COMMERCE DR

City-St-Zip: City-St-Zip: DEBARY, FL 32713

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: KAREN D'AGOSTINO 04/30/2009