2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000053366

Entity Name: VISION STONE LLC

Address:

City-St-Zip:

FILED Apr 07, 2009 Secretary of State

| Current P | rincipal Place | New Prince | New Principal Place of Business: | | | | |
|---|---|----------------------------------|---|---|--|-------------------------|--|
| 23250 HARPER AVE | | | 4739 CAB | 4739 CABURN RD | | | |
| UNIT 4 | | | NORTH PORT, FL 34291 | | | | |
| PORT CH. | ARLOTTE, FL | 33980 | | | | | |
| Current M | lailing Addres | ss: | New Maili | New Mailing Address: | | | |
| 23250 HARPER AVE | | | 4739 CABURN RD | | | | |
| UNIT 4 PORT CHARLOTTE, FL 33980 | | | NORTH PORT, FL 34291 | | | | |
| PORT CH. | ARLOTTE, FL | 33980 | | | | | |
| FEI Number | : 26-2701865 | FEI Number Applied For () | FEI Number Not App | licable () | Certificate | e of Status Desired () | |
| Name and | l Address of C | Current Registered Agent: | Name and Address of New Registered Agent: | | | | |
| VOISELLE 5739 CABI NORTH P | | 1 US | | | | | |
| | e named entity : e of Florida. | submits this statement for the p | ourpose of changing | its registere | d office or re | gistered agent, or both | |
| SIGNATU | RE: | | | | | | |
| | Electror | ic Signature of Registered Age | ent | | | Date | |
| MANAGING | MEMBERS/MANA | AGERS: | ADDITIONS/CHANGES: | | | | |
| Title: Name: Address: City-St-Zip: | MGRM () VOISELLE, JAI 5739 CABURN NORTH PORT, | RD | Title: Name: Address: City-St-Zip: | | () Change (|) Addition | |
| Title: Name: Address: City-St-Zip: | | Delete | Title: Name: Address: City-St-Zip: | 5739 CABU | ()Change(X KENNETH E RN RD RT, FL 34291 | () Addition | |
| Title: Name: Address: City-St-Zip: | () | Delete | Title: Name: Address: City-St-Zip: | VP GUTHRIE, S 216 BLACK NOKOMIS, | BURN RD | () Addition | |
| Title: Name: | C | Delete | Title: Name: | S RYAN, DAN | ()Change() IEL T | () Addition | |

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.

Address:

903 PAISLEY CT

City-St-Zip: VENICE, FL 34293

SIGNATURE: JAMA L VOISELLE MGRM 04/07/2009