

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000069919

FILED  
Mar 21, 2009  
Secretary of State

**Entity Name:** TOTALLY STONED DESIGNS, LLC

**Current Principal Place of Business:**

9862 SW 74TH AVE.  
OCALA, FL 34476 US

**New Principal Place of Business:**

**Current Mailing Address:**

9862 SW 74TH AVE.  
OCALA, FL 34476 US

**New Mailing Address:**

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

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

SMITH, JILL  
114 JADE TRAIL  
SAN MATEO, FL 32187 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: SANCHEZ, ELIZABETH H  
Address: 9862 SW 74TH AVE.  
City-St-Zip: OCALA, FL 34476 US

Title: MGRM ( ) Delete  
Name: SMITH, JILL  
Address: 114 JADE TRAIL  
City-St-Zip: SAN MATEO, FL 32187 US

Title: MGRM ( ) Delete  
Name: BERKELHAMMER, ERINN  
Address: 510 SE HWY 484  
City-St-Zip: OCALA, FL 34480 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: ELIZABETH H. SANCHEZ

MGR

03/21/2009

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