

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000105263

Entity Name: THE COLORSTONES, LLC

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

763 RANDALL ROBERTS ROAD
FORT WALTON BEACH, FL 32547

New Principal Place of Business:

Current Mailing Address:

763 RANDALL ROBERTS ROAD
FORT WALTON BEACH, FL 32547

New Mailing Address:

FEI Number: 26-4251452 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SIRISOMPONG, SIRIKUN
763 RANDALL ROBERTS ROAD
FORT WALTON BEACH, FL 32547 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SIRISOMPONG, SIRIKUN
Address: 763 RANDALL ROBERTS ROAD
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: MGR () Delete
Name: CURTIS, SCOTT
Address: P.O. BOX 220
City-St-Zip: DAPHNE, AL 36526

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SIRISOMPONG, SIRIKUN
Address: 763 RANDALL ROBERTS ROAD
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: MGRM (X) Change () Addition
Name: CURTIS, SCOTT
Address: P.O. BOX 220
City-St-Zip: DAPHNE, AL 36526

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: SIRIKUN SIRISOMPONG

MGRM

05/01/2009

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