

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000111354

Entity Name: THE DROPA STONE LLC

FILED
Sep 01, 2009
Secretary of State

Current Principal Place of Business:

1721 LAKELET LOOP
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

1721 LAKELET LOOP
OVIEDO, FL 32765

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

AMANDA SELF, P.A.
390 N. ORANGE AVE.
23RD FL
ORLANDO, FL 32801 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: MGRM () Delete
Name: JONATHAN, MEYERS
Address: 1721 LAKELET LOOP
City-St-Zip: OVIEDO, FL 32765

Title: MGRM () Delete
Name: JOSEPH, LEDERMAN
Address: 1721 LAKELET LOOP
City-St-Zip: OVIEDO, FL 32765

Title: MGRM () Delete
Name: ANTHONY, BARBIERI
Address: 1721 LAKELET LOOP
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: JOSEPH, LEDERMAN
Address: 1721 LAKELET LOOP
City-St-Zip: OVIEDO, FL 32765

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: JOSEPH LEDERMAN

MGRM

09/01/2009

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