

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000113859

**FILED**  
**Apr 19, 2012**  
**Secretary of State**

**Entity Name:** STYLE STONES PAVERS LLC

**Current Principal Place of Business:**

2929 WINKLER AVE. #1001  
FORT MYERS, FL 33916

**New Principal Place of Business:**

**Current Mailing Address:**

2929 WINKLER AVE. #1001  
FORT MYERS, FL 33916

**New Mailing Address:**

**FEI Number:** 45-3541234

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TIMELINE BUSINESS LLC  
2855 WINKLER AVE. #110  
FORT MYERS, FL 33916 US

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

PALMER, CLEONICE R  
2929 WINKLER AVE  
1001  
FORT MYERS, FL 33916 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:** CLEONICE PALMER

04/19/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** PALMER, CLEONICE R  
**Address:** 2929 WINKLER AVE. #1001  
**City-St-Zip:** FORT MYERS, FL 33916

**Title:** MGR  
**Name:** VIEIRA, MARCIO LUIZ  
**Address:** 2929 WINKLER AVE. #1001  
**City-St-Zip:** FORT MYERS, FL 33916

I hereby 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:** CLEONICE PALMER

MGR

04/19/2012

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