

DOCUMENT # L99000005050

1. Entity Name

LITHO OF AMERICA, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JAN 31 AM 8:12

Principal Place of Business

COURTYARD CENTRE
2323 CURLEW RD. #2E
PALM HARBOR FL 34684

Mailing Address

COURTYARD CENTRE
2323 CURLEW RD. #2E
PALM HARBOR FL 34683-6831

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional -
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LESTER, PAUL A
C/O FIELDSTONE LESTER SHEAR & DENBERG
200 SOUTH BISCAYNE BLVD., SUITE 2100
MIAMI FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10.

ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP
	MGR						
	KAPLAN, JOSEPH	12906 ROYAL GEORGE AVE.	ODESSA FL 33556				
	MGR						
	VAN HOUTEN, SUSAN	11443 KEY DEER CIRCLE	LAKE WORTH FL 33467				
	MGR						
	THORNE, LONDON	P.O. BOX 30	SHELDON SC 29941				
	MGR						
	FIELDSTONE, RONALD R	200 S. BISCAYNE BLVD., SUITE 2100	MIAMI FL 33131				

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*****50.00 *****50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #