


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90034 029 ****50.00

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|--|---|--|--|--|--|
| DOCUMENT # L99000009295 1. Entity Name ORNAMENTAL CAST STONE LLC | | | |  | |
| Principal Place of Business 11500 OVERSEAS HWY. MARATHON, FL 33050 | | | Mailing Address 11500 OVERSEAS HWY. MARATHON, FL 33050 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent D'ASCANIO, FRANCO L 11500 OVERSEAS HWY. MARATHON, FL 33050 | | | 7. Name and Address of New Registered Agent Name Coleman, Jerry Esq Street Address (P.O. Box Number is Not Acceptable) 201 Front Street, Suite 203 City Key West FL Zip Code 33040 | | |
| 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Jerry Coleman Esq</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4/27/06</u> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS / MANAGERS | | | 10. ADDITIONS / CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR D'ASCANIO, ANTHONY 11500 OVERSEAS HWY MARATHON, FL 33050 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR D'Asign Group, Inc 11500 Overseas Highway Marathon, FL 33050 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR D'ASCANIO, AMEDEO 11500 OVERSEAS HWY MARATHON, FL 33050 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR D'ASCANIO, FRANCO 11500 OVERSEAS HWY MARATHON, FL 33050 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Amedeo D'Ascanio</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | Date <u>4/27/06</u> Daytime Phone # <u>305-743-7130</u> | | |

20042773



04272006 Chg-LLC CR2E083 (11/05)

4. FEI Number **05-0529929 13-4224618** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required