

2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

FILED  
Apr 09, 2004 08:00 AM  
Secretary of State

DOCUMENT # M99000000816

1. Entity Name  
THE THORNESTONE GROUP, LLC



Principal Place of Business  
600 BYPASS DRIVE, SUITE 216  
CLEARWATER, FL 33764

Mailing Address  
600 BYPASS DRIVE, SUITE 216  
CLEARWATER, FL 33764



04062004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-3578405

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HACKETT, DAVID G  
600 BYPASS DRIVE, SUITE 216  
CLEARWATER, FL 33764

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IN THIS SPACE

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00  
Due by May 1, 2004

000000107452  
04/09/04-R0015-023 50 00

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGR  
HACKETT, DAVID G  
8350 GLENGARRY PLACE  
NEW PORT RICHEY, FL 34655

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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NAME  
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TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

April 6, 2004 727 793 9484