

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000008409

FILED
Apr 22, 2008
Secretary of State

Entity Name: INTERNATIONAL TILE & STONE, LLC

Current Principal Place of Business:

285 CENTRAL PKWY., STE. 1712
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

285 CENTRAL PKWY., STE. 1712
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 20-1481384

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLU, HAKAN
285 CENTRAL PARKWAY, SUITE 1712
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

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: COLLU, HAKAN
Address: 285 CENTRAL PKWY., STE. 1712
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGRM () Change (X) Addition
Name: COLLU, HUSEYIN
Address: 285 CENTRAL PKWY., STE. 1712
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MGRM () Change (X) Addition
Name: COLLU, HASAN
Address: 285 CENTRAL PKWY., STE. 1712
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: HAKAN COLLU

MGRM

04/22/2008

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