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Jun 02, 2003 8:00 am
Secretary of State

05-02-2003 90583 034 ***150.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000000497

1. Entity Name

INTERNATIONAL MARBLE OUTLET LLC

44002971

Principal Place of Business	Mailing Address
2221 20TH ST NW WINTERHAVEN FL 33881	2221 20TH ST NW WINTERHAVEN FL 33881

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
45 Anastsia Lake Dr.	45 Anastsia Lake Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Augustine, FL	City & State: St. Augustine, FL
Zip: 32084 Country: USA	Zip: 32084 Country: USA

4. FEI Number: 61-1403150 ☐ 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
~~ASCHL, PHILLIP~~ 2221 20TH ST NW WINTERHAVEN FL 33881	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. 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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Fred Ashdji 45 Anastsia Lake Dr. St. Augustine, FL 32080 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S,T Lillian Tawill 1421 Suzanne Way Longwood, FL 32779 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Phillip Aschl 2221 20th St. NW ~~Winterhaven, FL 38881~~ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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 APR 30 03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #