

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000005544

FILED
Jan 14, 2008
Secretary of State

Entity Name: FLORIDA INTERNATIONAL MARBLE ACCENTS, L.L.C.

Current Principal Place of Business:

2454 NW 94TH AVE
DORAL, FL 33172

New Principal Place of Business:

Current Mailing Address:

2454 NW 94TH AVE
DORAL, FL 33172

New Mailing Address:

FEI Number: 83-0349185

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUNIZ, ADRIANA
2454 NW 94TH AVE
DORAL, FL 33172 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: MUÑIZ, ADRIANA
Address: 2454 NW 94TH AVE
City-St-Zip: DORAL, FL 33172

Title: MGRM () Delete
Name: HENDERSON, ROBERTO
Address: 2454 NW 94TH AVE
City-St-Zip: DORAL, FL 33172

Title: MGRM () Delete
Name: TERZIAN, NESTOR
Address: 2454 NW 94TH AVE
City-St-Zip: DORAL, FL 33172

Title: MGRM (X) Delete
Name: TERZIAN, CARLOS
Address: 2454 NW 94TH AVE
City-St-Zip: DORAL, FL 33172

ADDITIONS/CHANGES:

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

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

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

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

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: ADRIANA MUNIZ

MGRM

01/14/2008

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