## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L03000045134**

1. Entity Name

A ACTION CERAMIC TILE LLC



Jul 31, 2008 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

1236 NE 36TH ST OCALA, FL 34479 1236 NE 36TH ST OCALA, FL 34479



07022008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-0408743

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FRANK, MARK A 1236 NE 36TH ST OCALA, FL 34479

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<ol><li>The above named entity submits this statement for the obligations of registered agent.</li></ol>	the purpose of cha	anging its registered office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
Signature, typed or printed name of registered agent a	nd title if applicable.	(NOTE Registered Agent signature required when reinstating)	DATE
FILE NOWIII FEE IS \$138.75 Due by September 12, 2008		nce with s. 607.193(2)(b), F.S., the limited ipany did not receive the prior notice.	

9.		MANAGING MEMBERS/MANAGERS
TITLE	MGRM	

NAME FRANK, MARK A STREET ADDRESS 1236 NE 36TH ST CITY-ST-ZIP OCALA, FL 34479 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-71P NAME STREET ADDRESS CITY-ST-ZIP

000000956771 07/31/08-80004-004 138.75

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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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

7-29-08

352-620-030