
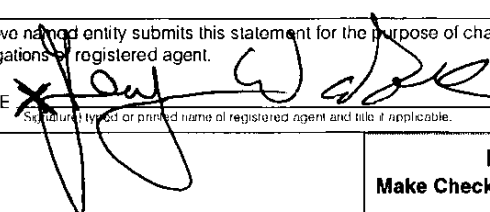
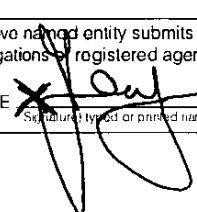
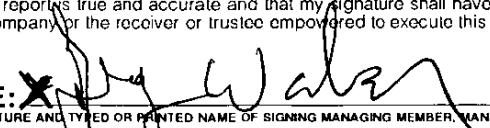


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 09, 2007 8:00 am
Secretary of State

07-09-2007 90115 009 ****50.00

DOCUMENT # L03000047072 1. Entity Name JAY'S CUSTOM MARBLE & TILE, LLC					
Principal Place of Business 6204 MICHIGAN AVE GIBSONTON FL 33534-4124 US			Mailing Address 6204 MICHIGAN AVE GIBSONTON FL 33534-4124 US		
2. Principal Place of Business - No P.O. Box # 6204 MICHIGAN AVE Suite, Apt. #, etc. 7		3. Mailing Address SAME Suite, Apt. #, etc.			
City & State Gibsonton FL 33534		City & State		4. FEI Number 20-0422272	
Zip 		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent USACCOUNTING OFFICE, INC. 4815 E BUSCH BLVD SUITE 113 TAMPA FL 33617			7. Name and Address of New Registered Agent 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  DATE _____ <small>(Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
			FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR WEBER, JAY 6204 MICHIGAN AVE GIBSONTON FL 33534-4124		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY ST ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY ST ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY ST ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY ST ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY ST ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					



1st MOORE CR2E083 (10/06)

FL Zip Code

Date Daytime Phone #