


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000047105
 1. Entity Name
 SWIMMING POOL TILE BY PAM LLC



Principal Place of Business 3600 ARISTOTLE AVE. ORLANDO, FL 32826	Mailing Address 3600 ARISTOTLE AVE. ORLANDO, FL 32826
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DO NOT WRITE IN THIS SPACE



02052008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 51-0489447	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MUSTOE, JODI K ESQ.
 COX & ROUSE, P.A.
 240 LOOKOUT PLACE
 MAITLAND, FL 32751

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WIGGINS, PAMELA 3600 ARISTOTLE AVE. ORLANDO, FL 32826
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WIGGINS, JACK 3600 ARISTOTLE AVE. ORLANDO, FL 32826
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 02/21/08-80049-014 138.75

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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: Pamela Wiggins Date: Feb. 08-08 Daytime Phone #: 407-207-9167

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