

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 14, 2008  
Secretary of State**

DOCUMENT# L03000047697

Entity Name: BOBBY DUBOSE TILE, LLC

**Current Principal Place of Business:**

8565 THAMES RD.  
BAKER, FL 32531

**New Principal Place of Business:**

**Current Mailing Address:**

8565 THAMES RD.  
BAKER, FL 32531

**New Mailing Address:**

FEI Number: 45-0528287

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DUBOSE, BOBBY  
8565 THAMES RD.  
BAKER, FL 32531 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: DUBOSE, BOBBY  
Address: 8565 THAMES RD.  
City-St-Zip: BAKER, FL 32531

Title: MGRM (X) Delete  
Name: DUBOSE, DONALD  
Address: 8565 THAMES RD.  
City-St-Zip: BAKER, FL 32531

**ADDITIONS/CHANGES:**

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: BOBBY DUBOSE

MGRM

04/14/2008

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