

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000050274

1. Entity Name
COMPLETE CERAMIC TILE LLC



Principal Place of Business
275 DATURA DR
INDIAN HARBOR BEACH, FL 32937

Mailing Address
275 DATURA DR
INDIAN HARBOR BEACH, FL 32937

FILED
Sep 05, 2008 08:00 AM
Secretary of State

DO NOT WRITE IN THIS SPACE

(L03000050274C)

07162008No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-0454427

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CALDWELL, SCOTT
275 DATURA DR.
INDIAN HARBOR BEACH, FL 32937

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reselecting)

DATE _____

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CALDWELL, SCOTT
275 DATURA DR
INDIAN HARBOR BEACH, FL 32937

TITLE
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STREET ADDRESS
CITY-ST-ZIP

U000000959141
09/05/08-80004-010 143.75

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IN THIS SPACE**

11. I hereby certify that the information supplied with this report 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: _____

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

Date

Daytime Phone #