2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 20, 2007 8:00 am Secretary of State

DOCUMENT # L04000012740 1. Entity Name CORRECT TILE AND MARBLE LLC						03-20-2007	90141 01:	3 ****50	0.00
Principal Place of Business Mailing Address									
1140 FRIEND		1140 FRIENDSHIP DR							
JACKSONVILLE, FL 32259 US JACKSONVILLE, FL 32259				US	 	DH DEW DIDW ZOW DOWN DE		4 2 i l 2004 2014	11)
2. Principal Pl	ace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03162007		CR2E08			
City & State		City & State				4. FEI Number Applied For 84-1637587 Not Applicable			
Zip	Country	Zip	Country		5. Certifica	te of Status Desired		5.00 Addi ee Required	
···	6. Name and Address of Current	Registered Agent		Ι	7. Name a	nd Address of New F	Registered Aç	gent	
DAVIS, EUGENE B				Name					
1140 Friendship)r. Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32256 Jackson ville, FC									
JACKSON	Jack	sonville, FC	<u>_</u>		***				
-	Sept.	32259		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 FUGENE B. Davis Registered Agent 3/16/07									
Signature, typeder printed name of registered agent and title it applicable. (NOTF: Registered Agent signature required when reinstating) DATE									
Filing Fee is \$50.00 Due by May 1, 2007							re check pa a Departme		!
9.	MANAGING MEMBERS/MANAGERS 10					ADDITIONS/CHANGES			
TITLE NAME	MGRM. Delete DAVIS, EUGENE B		TITE	I				Change	Addition
STREET ADDRESS	1140 FRIENDSHIP DR			REET ADDRESS					
CITY-ST-ZIP			-	Y-ST-ZIP				<u></u>	
TITLE NAME	☐ Delete		TIT	I				☐ Change	Addition
STREET ADDRESS			STF	REET ADDRESS					
CITY-ST-ZIP				Y-ST-ZIP				Change	- Addition
IITLE NAME	☐ Delete		TITI NAI	I .				☐ Change	☐ Addition
STREET ADDRESS				REET ADDRESS					
CITY-ST-ZIP		□ Delete	III CII	Y-ST-ZIP				☐ Change	Addition
NAME		LI Delete	NA	I .				Change	Montoon .
STREET ADDRESS				REET ADDRESS					
CITY-ST-ZIP TITLE		☐ Delete	111	Y-ST-ZIP				☐ Change	Addition
NAME		L Delete		ME				Onlinge	
STREET ADDRESS CHY-ST-ZIP				REET ADDRESS IY-ST-ZIP					
TITLE		☐ Delete	III		•			☐ Change	Addition
NAME			NA	1					
STREET ADDRESS CITY-ST-ZIP				REET ADDRESS TY-ST-ZIP					
	Lertify that the information supplied with	n this filing does not quality for		l.	tained in Chapter 1	19. Florida Statutes 1	further certify	that the info	rmation
11. 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 pulse receiver or trustee empty wered provide this report as required by Chapter 608, Florida Statutes.									

SIGNATURE: Fyene B. Davis, Monaging Member 3/16/07 (904) 230-451.

SIGNATURE and type or printed name of signing managing member, manager or authorized representative Date Caytome Proce #