

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-08-2007 90193 012 ****50.00

DOCUMENT # L04000013195 1. Entity Name UNIQUE CUSTOM TILE, LLC	
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Principal Place of Business 8358 GELOWOOD CIRCLE TAMPA, FL 33615	Mailing Address 8358 GELOWOOD CIRCLE TAMPA, FL 33615
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DO NOT WRITE IN THIS SPACE



02222007 No Chg-LLC

CR2E083 (11/05)

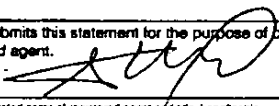
4. FEI Number 20-0741540	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

CASTRO, ALEXANDER
8358 GELOWOOD CIRCLE
TAMPA, FL 33615

**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: X  (NOTE: Registered Agent signature required when reinstating)

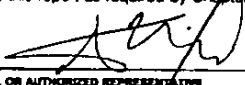
DATE: 3-1-07

**Filing Fee is \$50.00
Due by May 1, 2007**

B. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CASTRO, ALEXANDER 8358 GELOWOOD CIRCLE TAMPA, FL 33615
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IN THIS SPACE**

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: Alexander Castro  3-10-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #