

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000026989

Entity Name: ANDERSON TILE, L.L.C.

FILED  
Jan 12, 2009  
Secretary of State

**Current Principal Place of Business:**

5018 SE ALICIA ST.  
STUART, FL 34997

**New Principal Place of Business:**

**Current Mailing Address:**

5018 SE ALICIA ST.  
STUART, FL 34997

**New Mailing Address:**

FEI Number: 02-0721105

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ANDERSON, GORDON  
5018 SE ALICIA ST.  
STUART, FL 34997 US

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

ANDERSON, GORDON V  
5018 SE ALICIA ST.  
STUART, FL 34997 US

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: GORDON V ANDERSON

01/12/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ANDERSON, GORDON  
Address: 5018 SE ALICIA ST.  
City-St-Zip: STUART, FL 34997

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: ANDERSON, GORDON V  
Address: 5018 SE ALICIA ST.  
City-St-Zip: STUART, FL 34997

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: GORDON V ANDERSON

MGR

01/12/2009

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