

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000028171

FILED  
Aug 30, 2005  
Secretary of State

Entity Name: MILLER'S CUSTOM TILE LLC

**Current Principal Place of Business:**

6117 MONTEGO BAY LOOP  
FORT MYERS, FL 33908

**New Principal Place of Business:**

**Current Mailing Address:**

6117 MONTEGO BAY LOOP  
FORT MYERS, FL 33908

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

MILLER, DALE  
6117 MONTEGO BAY LOOP  
FORT MYERS, FL 33908 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MILLER, DALE  
Address: 6117 MONTEGO BAY LOOP  
City-St-Zip: FORT MYERS, FL 33908

Title: MGRM ( ) Delete  
Name: MILLER, TAMMIE  
Address: 6117 MONTEGO BAY LOOP  
City-St-Zip: FORT MYERS, FL 33908

**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 for the exemption stated in Section 119.07(3)(i), 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: TAMMIE MILLER

MGRM

08/30/2005

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