


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90040 041 \*\*\*\*50.00

<b>DOCUMENT # L04000079785</b>	
<b>1. Entity Name</b> ARCHIE TILE SERVICE, LLC	

<b>Principal Place of Business</b> 29 S. LANCELOT ORLANDO FL 32835	<b>Mailing Address</b> 29 S. LANCELOT ORLANDO FL 32835
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<b>2. Principal Place of Business - No P.O. Box #</b> 29 S. LANCELOT AVE Suite, Apt. #, etc.	<b>3. Mailing Address</b> 29 S. LANCELOT AVE Suite, Apt. #, etc.
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1st MOORE CR2E083 (10/06)

<b>City &amp; State</b> ORLANDO FLORIDA	<b>City &amp; State</b> ORLANDO FLORIDA
<b>Zip</b> 32835	<b>Country</b> ORANGE

<b>4. FEI Number</b> 20-1829458	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>  SMITH, BROWN AND ASSOCIATES, INC 1217 PARK GREEN PLACE WINTER PARK FL 32789	<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR AUSBURN, ARCHIE 29 S. LANCELOT ORLANDO FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** Archie Asburn 4-29-07 4072938701  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #