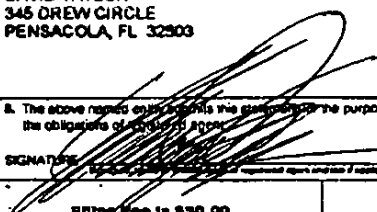
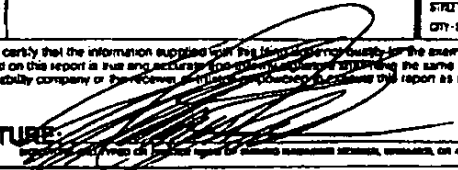


FILED
Jul 13, 2007 8:00 am
Secretary of State

04-23-2007 90355 005 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000021056			
1. Entity Name TAYLOR TILE LLC			
Principal Place of Business P.O. BOX 1069 ARCHER, FL 32618 US		Mailing Address P.O. BOX 1069 ARCHER, FL 32618 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-242486 APPLIED FOR		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DAVID TAYLOR 345 CREW CIRCLE PENSACOLA, FL 32503		7. Name and Address of New Registered Agent Name: Clifford Taylor Street Address (P.O. Box Number is not acceptable) 6851 NE 137th Court City: Williston FL 32616	
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, the new agent.			
SIGNATURE:  DATE: 3/26/07			
Filing Fee is \$30.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP MGRM TAYLOR, CLIFFORD B III P.O. BOX 1069 ARCHER, FL 32618 ☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition	
11. I hereby certify that the information supplied on this form is true and correct, and that I am a managing member or manager of the limited liability company or the person authorized to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		352-529-0270	