2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000030711

Entity Name: ILYA TILE SERVICE LLC

FILED Apr 18, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3490 LULLABY ROAD 6265 OPA LOCKA LANE NORTH PORT, FL 34287 NORTH PORT, FL 34291

Current Mailing Address: New Mailing Address:

3490 LULLABY ROAD 6265 OPA LOCKA LANE NORTH PORT, FL 34287 NORTH PORT, FL 34291

FEI Number: 20-2591996 FEI Number Applied For () FEI Number Not Applicable () 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:

LEGKODUKH, ILYA LEGKODUKH, ILYA 8210 MAUREÉN AVE. 6265 OPA LOCKA LANE US NORTH PORT, FL 34291 US NORTH PORT, FL 34287

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: ILYA LEGKODUKH 04/18/2009

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

MGR () Delete

LEGKODUKH, ILYA Name: 3490 LULLABY RD Address: City-St-Zip: NORTH PORT, FL 34287

Title: MGRM () Delete PRIMAKOV, VIKTOR Name: Address: 4175 W. PRICE BLVD. City-St-Zip: NORTH PORT, FL 34286

Title: MGRM (X) Delete

LEGKODUKH, SERGEY Name: 3490 LULLABY ROAD Address: City-St-Zip: NORTH PORT, FL 34287

() Delete Title: MGRM

ZORIN, IVAN Name: 4175 W. PRICE BLVD Address: City-St-Zip: NORTH PORT, FL 34286

ADDITIONS/CHANGES:

Title: (X) Change () Addition

LEGKODUKH, ILYA Name: Address: 6265 OPA LOCKA LANE City-St-Zip: NORTH PORT, FL 34291

Title: MGRM (X) Change () Addition

Name: PRIMAKOV, VIKTOR Address: 6265 OPA LOCKA LANE City-St-Zip: NORTH PORT, FL 34291

Title: () Change () Addition

Name: Address: City-St-Zip:

Title: MGRM (X) Change () Addition

Name: ZORIN, IVAN

Address: 6265 OPA LOCKA LANE City-St-Zip: NORTH PORT, FL 34291

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: ILYA LEGKODUKH 04/18/2009