


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000058900 1. Entity Name PRO TILE LC	
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Principal Place of Business 1925 COUNTY RD 220 ORANGE PARK, FL 32003	Mailing Address 1925 COUNTY RD 220 ORANGE PARK, FL 32003
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DO NOT WRITE IN THIS SPACE



04282008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-8149671	Applied For <input type="checkbox"/> Not Applicable
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6. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent PHAM, DONG V 1925 COUNTY ROAD 220 ORANGE PARK, FL 32003	DO NOT WRITE IN THIS SPACE
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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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PHAM, DONG V 1925 COUNTY ROAD 220 ORANGE PARK, FL 32003
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05/29/08-80002-003 143.75

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: DONG PHAM **4/28/08** **(304) 236-3920**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #