FILED
Aug 03, 2006 8:00 am
Secretary of State
08-03-2006 90072 050 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000064784

1. Entity Name
GVS PROFESSIONAL TILE & MARBLE, LLC

Principal Place of Business	Mailing Address
124 MANOR AVENUE ALTAMONTE SPRINGS, FL 32714	124 MANOR AVENUE ALTAMONTE SPRINGS, FL 32714

07242006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
507 Little Wekiva Rd	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Altamonte Springs FL	City & State:
Zip: 32714 Country: USA	Zip: Country:

4. FEI Number 20-3086295 ☐ Applied For ☑ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

VARGA, CHERELA M ← Delete
884 TUMBLEWEED LN
CASSELBERRY, FL 32707

7. Name and Address of New Registered Agent

Name: George A. Varga III
Street Address (P.O. Box Number is Not Acceptable): 507 Little Wekiva Rd.
City: Altamonte Springs FL Zip Code 32714

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] 07-29-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 6, 2006

Make check payable to Florida Department of State

9.	MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VARGA, GEORGE A LLL 124 MANOR AVENUE ALTAMONTE SPRINGS, FL 32714	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VARGA, CHERELA M 884 TUMBLEWEED LN CASSELBERRY, FL 32707	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VARGA GEORGE A. III 507 Little Wekiva Rd Altamonte Springs, FL 32714	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 07-29-06 407-252-7572
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #