

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000064784

FILED
Aug 15, 2007
Secretary of State

Entity Name: GVS PROFESSIONAL TILE & MARBLE, LLC

Current Principal Place of Business:

507 LITTLE WEKIVA RD.
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

507 LITTLE WEKIVA RD.
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 20-3086295 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:

VARGA, GEORGE A III
507 LITTLE WEKIVA RD.
ALTAMONTE SPRINGS, FL 32714 US

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: VARGA, GEORGE A LLL
Address: 124 MANOR AVENUE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MGRM () Delete
Name: VARGA, GEORGE III
Address: 507 LITTLE WEKIVA RD.
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: VARGA, GEORGE A LLL
Address: 507 LITTLE WEKIVA RD.
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GEORGE A VARGA

MGR

08/15/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date