2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State
05-05-2008 90037 008 ***138.75

05012008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L05000094863

1. Entity Name
SPIRES TILE, "LLC"

Principal Place of Business	Mailing Address
2165 TOBE RETHERFORD ROAD BONIFAY, FL 32425 US	2165 TOBE RETHERFORD ROAD BONIFAY, FL 32425 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
313 TANAGA ST.	313 TANAGA St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PANAMA City BEACH, Fl.	City & State: PANAMA City Beach, Fl
Zip: 32413 Country: BAY	Zip: 32413 Country: BAY

4. FEI Number: 16-1735284 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPIRES, LEROY E 2165 TOBE RETHERFORD ROAD BONIFAY, FL 32425	Name: Spires, LeRoy E. Street Address (P.O. Box Number is Not Acceptable): 313 TANAGA Street City: PANAMA City BEACH FL Zip Code: 32413

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: LeRoy E. Spires   05/01/2008
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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SPIRES, LEROY E 2165 TOBE RETHERFORD ROAD BONIFAY, FL 32425	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SPIRES, LeRoy E. 313 TANAGA Street PANAMA City Beach Fl, 32413	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPIRES, DIANE W 2165 TOBE RETHERFORD ROAD BONIFAY, FL 32425	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Spires, Diane W. 313 TANAGA Street PANAMA City BEACH, Fl. 32413	☑ 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: LeRoy E. Spires
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #