

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000104713

FILED
Sep 05, 2007
Secretary of State

Entity Name: CHATTAHOOCHEE CUSTOM TILE & MORE LLC

Current Principal Place of Business:

615 MORGAN AVE
CHATTAHOOCHEE, FL 32324

New Principal Place of Business:

Current Mailing Address:

PO BOX 875
CHATTAHOOCHEE, FL 32324

New Mailing Address:

FEI Number: 20-3676493 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:

BROOMALL, BRUCE E
615 MORGAN AVE.
CHATTAHOOCHEE, FL 32324 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: BROOMALL, BRUCE E
Address: 615 MORGAN AVE
City-St-Zip: CHATTAHOOCHEE, FL 32324

Title: MGRM () Delete
Name: MCNEIL, KEVIN
Address: 362 GRACELAND RD
City-St-Zip: CHATTAHOOCHEE, FL 32324

Title: MGRM () Delete
Name: WHITE, JAMIE
Address: 7875 PAULA ST.
City-St-Zip: SNEADS, FL 32460

ADDITIONS/CHANGES:

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

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

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: BRUCE BROOMALL

MGR

09/05/2007

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