

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000001668

Entity Name: MINERAL TILES, LLC.

FILED
Jan 28, 2008
Secretary of State

Current Principal Place of Business:

7741 NW 7TH ST
203
MIAMI, FL 33126

Current Mailing Address:

7741 NW 7TH ST
203
MIAMI, FL 33126

New Principal Place of Business:

10805 NW 89TH TER
202
DORAL, FL 33178

New Mailing Address:

10805 NW 89TH TER
202
DORAL, FL 33178

FEI Number: 20-4074242

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAIA, HENRY F
7741 NW 7TH ST
203
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

MAIA, HENRY F
10805 NW 89TH TER
202
DORAL, FL 33178 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: REBECA COSTA

01/28/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MAIA, HENRY F
Address: 7741 NW 7TH ST #203
City-St-Zip: MIAMI, FL 33126

Title: MGRM () Delete
Name: MAIA, ADRIANA A
Address: 7741 NW 7TH ST #203
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MAIA, HENRY F
Address: 10805 NW 89TH TER #202
City-St-Zip: DORAL, FL 33178

Title: MGRM (X) Change () Addition
Name: MAIA, ADRIANA A
Address: 10805 NW 89TH TER #202
City-St-Zip: DORAL, FL 33178

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: HENRY MAIA

MGRM

01/28/2008

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