2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

9/7/2007-90045-020-$50.00-$50.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 SEP 26 PM 12: 39

DOCUMENT # L06000019991

1. Entity Name
CDD TILE & MARBLE, LLC

Principal Place of Business	Mailing Address
6725 S.W. 137 COURT, #14-D MIAMI, FL 33183	6725 S.W. 137 COURT, #14-D MIAMI, FL 33183

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08082007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2374 SW 143 Place	2374 SW 143 Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Fl	City & State: Miami Fl
Zip: 33175 Country: US	Zip: 33175 Country: US

4. FEI Number: 20-4900141 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LLANES, DELVIS
6725 S.W. 137 COURT, #14-D
MIAMI, FL 33183

7. Name and Address of New Registered Agent

Name: Llanes, Delvis
Street Address (P.O. Box Number is Not Acceptable): 2374 SW 143 Place
City: Miami FL Zip Code: 33175

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, 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 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	LLANES, DELVIS	
STREET ADDRESS	6725 S.W. 137 COURT, #14-D	
CITY-ST-ZIP	MIAMI, FL 33183	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BLT	☐ 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] ✓ 9/1/07 ✓ (786) 200-4440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #