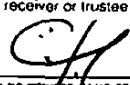


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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 6725 S.W. 137 COURT, #14-D MIAMI, FL 33183		Mailing Address 6725 S.W. 137 COURT, #14-D MIAMI, FL 33183	
2. Principal Place of Business - No P.O. Box # 2374 SW 143 Place		3. Mailing Address 2374 SW 143 Place	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami FL		City & State Miami FL	
Zip 33175		Zip 33175	
Country US		Country US	
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 date if applicable. (NOTE: Registered Agent signature required when remaining) DATE			
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LLANES, DELVIS 6725 S.W. 137 COURT, #14-D MIAMI, FL 33183 ☐ 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
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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.		BLT ☐ Change ☐ Addition	
SIGNATURE: 		Date: 9/1/07 Daytime Phone #: (786) 200-4440	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			