2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000020679

1. Entity Name
UNITED TILE LLC

Principal Place of Business	Mailing Address
7488 SHADOW BAY DR PANAMA CITY, FL 32404	7488 SHADOW BAY DR PANAMA CITY, FL 32404

DO NOT WRITE IN THIS SPACE

04142008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
20-4439840	Not Applicable

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

6. Name and Address of Current Registered Agent

BRIGGS, DAMON T
7488 SHADOW BAY DR
PANAMA CITY, FL 32404

DO NOT WRITE
IN THIS SPACE

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BRIGGS, DAMON
STREET ADDRESS	5322 STEWART DR
CITY-ST-ZIP	PANAMA CITY, FL 32404

TITLE	MGR
NAME	SMITH, SAMUEL
STREET ADDRESS	435 CHIPOLA AVE
CITY-ST-ZIP	WEWAHITCHKA, FL 32465

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000935991
05/23/08-80094-002 138.75

DO NOT WRITE
IN THIS SPACE

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: _Damon Briggs_   4-15-08   850-520-4293

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #