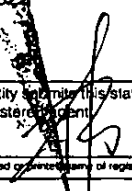
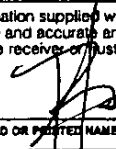


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

507257900159
9/10/2007-90103-012-\$50.00-\$50.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 OCT -5 AM 9:24

DOCUMENT # L06000022203					
1. Entity Name DOMENECH TILE, LLC					
Principal Place of Business 842 HENDRY DRIVE ORLANDO, FL 32822			Mailing Address 842 HENDRY DRIVE ORLANDO, FL 32822		
2. Principal Place of Business - No P.O. Box # PO Box 721514		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Orlando FL		City & State		4. FEI Number 20-4411180	
Zip 32822	Country	Zip	Country	5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DOMENECH, ROBERTO 842 HENDRY DRIVE ORLANDO, FL 32822			7. Name and Address of New Registered Agent		
			Name Roberto Domenech		
			Street Address (P.O. Box Number is Not Acceptable) 1212 Fawn Lane Ct		
			City Orlando		
			State FL		
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  DATE 9/24/07					
(NOTE: Registered Agent signature required when reinstating)					
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	MGR DOMENECH, ROBERTO 842 HENDRY DRIVE ORLANDO, FL 32822	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEREZ, MERCEDES 842 HENDRY DRIVE ORLANDO, FL 32822	☐ 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	
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	
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:  DATE 9/24/07					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					