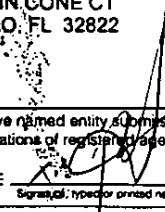
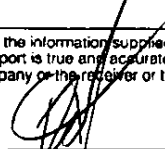


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

71 Sep 09, 2008 8:00 am
Secretary of State

07-15-2008 90006 008 ****50.00
09-09-2008 90031 040 ****88.75

DOCUMENT # L06000022203			
1. Entity Name DOMENECH TILE, LLC			
Principal Place of Business 1212 TWIN CONE CT ORLANDO, FL 32822		Mailing Address PO BOX 721514 ORLANDO, FL 32872	
2. Principal Place of Business - No P.O. Box # 7900 Monte Zuma Tr		3. Mailing Address 7900 Monte Zuma Tr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Orlando, FL		City & State Orlando, FL	
Zip 32825	Country USA	Zip 32825	Country USA
4. FEI Number 20-4411180		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DOMENECH, ROBERTO 1212 TWIN CONE CT ORLANDO, FL 32822		7. Name and Address of New Registered Agent Name: 7900 Monte Zuma Tr Street Address (P.O. Box Number is Not Acceptable) Roberto Domenech City: Orlando FL Zip Code: 32825	
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: 8/20/08 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renouncing)			
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
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 1212 TWIN CONE CT ORLANDO, FL 32822 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEREZ, MERCEDES 1212 TWIN CONE CT 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
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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. SIGNATURE:  DATE: 8/20/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

50010211



07142008 Chg-LLC CR2E083 (12/06)