# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L06000048466

1. Entity Name

CLASSIC QUARTERS TILE. LLC

**FILED** Mar 24, 2008 08:00 Al Secretary of State

Principal Place of Business

22 RYLEY LANE

PALM COAST, FL 32164

Mailing Address

22 RYLEY LANE

PALM COAST, FL 32164



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02132008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 11-3733866

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Name and Address of Current Registered Agent

KIRCHOFF, SCOTT R 22 RYLEY LANE PALM COAST, FL 32164

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FILE NOW!!! FEE IS \$138.75			
Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE	
SIGNATURE			
<ol><li>The above named entity submits this statement for the purpose of chithe obligations of registered agent.</li></ol>	anging its registered office or registered agent, or both, in the	State of Florida. I am familiar with, and accept	

#### After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS	MGR KIRCHOFF, SCOTT R 22 RYLEY LANE
CITY-ST-ZIP	PALM COAST, FL 32164
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
11. I hereby	certify that the information supplied with this filing does not qualify for the ex

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I hereby certify that the information supplied with this filling 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.