
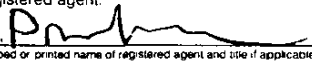



FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90031 045 ****55.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000058685			
1. Entity Name SP TILE, LLC			
Principal Place of Business 1234 OREGON LANE NORTH PORT, FL 34286		Mailing Address 1234 OREGON LANE NORTH PORT, FL 34286	
2. Principal Place of Business - No P.O. Box # 1234 Oregon Lane Suite, Apt. #, etc.		3. Mailing Address 1234 Oregon Ln Suite, Apt. #, etc.	
City & State North Port FL		City & State Northport Florida	
Zip 34286	Country America	Zip 34286	Country America
4. FFI Number 04142007		Chg-LLC CR2E083 (12/06)	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PROYDAKOV, STANISLAV A 1234 OREGON LANE NORTH PORT, FL 34286		7. Name and Address of New Registered Agent Name Stanislav Proydakov Street Address (P.O. Box Number is Not Acceptable) 1234 Oregon Ln City North port FL Zip Code 34286	
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  Stanislav Proydakov 4/14/07 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when transferring) DATE			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PROYDAKOV, STANISLAV 1234 OREGON LANE NORTH PORT, FL 34286 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  Stanislav Proydakov		4/14/07 607-351-8983	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	