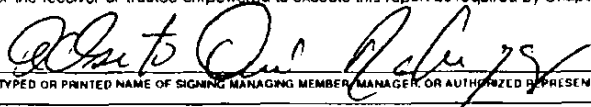


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 08, 2007 8:00 am
Secretary of State

04-17-2007 90248 020 ****50.00

DOCUMENT # L06000079691 1. Entity Name ORUE'S TILE SERVICES, LLC					
Principal Place of Business 3117 WEST PARIS STREET TAMPA FL 33614			Mailing Address 3117 WEST PARIS STREET TAMPA FL 33614		
2. Principal Place of Business - No P.O. Box # 3117W PARIS ST		3. Mailing Address SAME			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Tampa - Florida		City & State 		4. FEI Number 20-5364760	
Zip 33614		Country US		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ORUE, ALBERTO 3117 WEST PARIS STREET TAMPA FL 33614				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 resigning)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	P ☐ Delete ORUE, ALBERTO 3117 WEST PARIS STREET TAMPA FL 33614	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY, ST, ZIP		CITY, ST, ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY, ST, ZIP		CITY, ST, ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY, ST, ZIP		CITY, ST, ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY, ST, ZIP		CITY, ST, ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY, ST, ZIP		CITY, ST, ZIP			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  4-6-07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

30001661

1st MOORE CR2E083 (10/06)

(013)673-8238