

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000082479

Entity Name: HAYES TILE & STONE LLC

FILED
May 02, 2009
Secretary of State

Current Principal Place of Business:

1041 ALPINE DRIVE
DELTONA, FL 32725

New Principal Place of Business:

1337 GAYNOR CT
DELTONA, FL 32725

Current Mailing Address:

1041 ALPINE DRIVE
DELTONA, FL 32725

New Mailing Address:

1337 GAYNOR CT
DELTONA, FL 32725

FEI Number: 68-0634770 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HAYES, DAVID
1041 ALPINE DRIVE
DELTONA, FL 32725 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HAYES, DENISE M
Address: 1041 ALPINE DRIVE
City-St-Zip: DELTONA, FL 32725

Title: MGRM () Delete
Name: HAYES, DAVID D
Address: 1041 ALPINE DRIVE
City-St-Zip: DELTONA, FL 32725 FL

Title: MGRM (X) Delete
Name: BONANZA, JOHN
Address: 1041 ALPINE DRIVE
City-St-Zip: DELTONA, FL 32725

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID HAYES

MGRM

05/02/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date