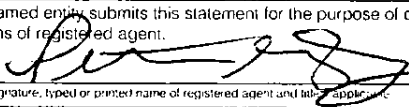
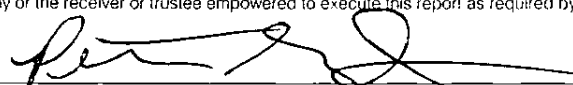


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2008 8:00 am
Secretary of State

01-18-2008 90017 014 ***138.75

DOCUMENT # L06000087131 1. Entity Name ALL COUNTY TILE & MARBLE RESTORATION LLC					
Principal Place of Business 8601 NW 21 COURT CORAL SPRINGS, FL 33071			Mailing Address 8601 NW 21 COURT CORAL SPRINGS, FL 33071		
2. Principal Place of Business - No P.O. Box # 12004 NW 49 Dr		3. Mailing Address 12004 NW 49 Dr			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Coral Springs FL		City & State Coral Springs FL		4. FEI Number 13-4342298	
Zip 33076		Country USA		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent GRIZELJ, PETER JR 8601 NW 21 COURT CORAL SPRINGS, FL 33071			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 				DATE 1/10/08	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRIZELJ, PETER JR 8601 NW 21 COURT CORAL SPRINGS, FL 33071	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Peter Grizelj 12004 NW 49 Dr Coral Springs FL 33076	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARYN, GRIZELJ L 8601 NW 21 COURT CORAL SPRINGS, FL 33071	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Caryl Grizelj 12004 NW 49 Dr Coral Springs FL 33076	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ 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 1/10/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				DAYTON PHONE # 954-818-1860	