

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000093741

Entity Name: L.C.D. TILE, LLC

**FILED**  
**Mar 31, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

13615 BAY VIEW ISLE DR  
204  
ORLANDO, FL 32824

**New Principal Place of Business:**

**Current Mailing Address:**

13615 BAY VIEW ISLE DR  
204  
ORLANDO, FL 32824

**New Mailing Address:**

FEI Number: 20-5604976

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CONTRERAS DELGADO, LAZARO  
13615 BAY VIEW ISLE DR  
204  
ORLANDO, FL 32824 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  
Name: CONTRERAS DELGADO, LAZARO  
Address: 13615 BAY VIEW ISLE DR APT 204  
City-St-Zip: ORLANDO, FL 32824

I hereby 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: LAZARO CONTRERAS DELGADO

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03/31/2010

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