

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000075403

FILED
Aug 18, 2008
Secretary of State

Entity Name: EXOTIC TILE INSTALLER "LLC"

Current Principal Place of Business:

14228 THAMHALL WAY
ORLANDO, FL 32828

New Principal Place of Business:

Current Mailing Address:

14228 THAMHALL WAY
ORLANDO, FL 32828

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **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:

Name and Address of New Registered Agent:

LOPEZ, MARIA A
14228 THAMHALL WAY
ORLANDO, FL 32828 US

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: MGR () Delete
Name: LOPEZ, JOSE
Address: 14228 THAMHALL WAY
City-St-Zip: ORLANDO, FL 32828 US

Title: MGR () Delete
Name: QUILIES, JOSE
Address: CLAEBRNE CLT
City-St-Zip: ORLANDO, FL 32826 US

Title: MGR () Delete
Name: VASQUEZ, JUAN M
Address: 821 S SOLANDRA ST
City-St-Zip: ORLANDO, FL 32807 US

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: JOSE LOPEZ

MGR

08/18/2008

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