

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000085720

FILED
May 01, 2009
Secretary of State

Entity Name: ALL CUSTOM TILE & STONE LLC

Current Principal Place of Business:

4641 WILKERSON BLUFF RD.
HOLT, FL 32564

New Principal Place of Business:

Current Mailing Address:

4641 WILKERSON BLUFF RD.
HOLT, FL 32564

New Mailing Address:

FEI Number: 42-1737771 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:

Name and Address of New Registered Agent:

STYRON, CLINT E
4641 WILKERSON BLUFF RD.
HOLT, FL 32564 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: MGRM () Delete
Name: STYRON, CLINT E
Address: 4641 WILKERSON BLUFF RD.
City-St-Zip: HOLT, FL 32564

Title: MGRM () Delete
Name: LYNCH, ROBERT G
Address: 6638 LEISURE ST.
City-St-Zip: NAVARRE, FL 32566

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGRM () Change (X) Addition
Name: HERMES, TONY G
Address: 228 AMBERJACK DR.
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: MGRM () Change (X) Addition
Name: HOOTEN, SHANE L
Address: 1009 MIDDLE DR.
City-St-Zip: FORT WALTON BEACH, FL 32547

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: CLINT E STYRON

MGRM

05/01/2009

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