

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000097576

FILED
Apr 18, 2008
Secretary of State

Entity Name: WILLIAM CLARK'S CUSTOM TILE AND FLOORING, LLC

Current Principal Place of Business:

42 WRIGHT PARKWAY NW, UNIT B-3
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

1806 MADELONS PATH
FORT WALTON BEACH, FL 32547

Current Mailing Address:

42 WRIGHT PARKWAY NW, UNIT B-3
FORT WALTON BEACH, FL 32548

New Mailing Address:

1806 MADELONS PATH
FORT WALTON BEACH, FL 32547

FEI Number: 26-1149962

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, JOHN P JR.
903 ST. ANDREWS COVE NORTH
NICEVILLE, FL 325784058 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: CLARK, WILLIAM K
Address: 42 WRIGHT PARKWAY NW, UNIT B-3
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: MGRM () Delete
Name: THOMAS, MICHAEL P
Address: 903 ST ANDREWS COVE N
City-St-Zip: NICEVILLE, FL 325784058

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CLARK, WILLIAM K
Address: 1806 MADELONS PATH
City-St-Zip: FORT WALTON BEACH, FL 32548

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: WILLIAM CLARK

MGRM

04/18/2008

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