2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

Mar 04, 2008 8:00 am **Secretary of State DOCUMENT # L07000098304** 1. Entity Name 03-04-2008 90104 046 ***138.75 DAVID LAVILLE CERAMIC TILE LLC Principal Place of Business Mailing Address 10738 PORTER TR 10738 PORTER TR CLERMONT FL 34711 CLERMONT FL 34711 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/07) 4. FEI Number City & State City & State Applied For 200109938 Not Applicable Zip Zio Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAVILLE, EVVA L Street Address (P.O. Box Number is Not Acceptable) 10738 PÖRTER TR CLERMONT FL 34711 Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature regulared when repostating) DATE 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 MGR Delete TITLE Change ☐ Addition NAME LAVILLE, DAVID NAME STREET ADDRESS STREET ADDRESS 10738 PORTER TR CITY-ST-7(P CLERMONT FL 34711 CITY-ST-ZIP MGRM THE ☐ Delete TITLE Change Addition NAME LAVILLE, EVVA L NAME 10738 PORTER TR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLERMONT FL 34711 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZiP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MARAE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TOTLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

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