

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

02-28-2008 90106 024 ***138.75

DOCUMENT # L07000098684 1. Entity Name ASAEI ALVAREZ TILES, LLC					
Principal Place of Business 6734 CAVACADE DR. APT. 45 C TAMPA, FL 33614 US			Mailing Address 6734 CAVACADE DR. APT. 45 C TAMPA, FL 33614 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip			
Country		Country			
4. FEI Number 26-2192969				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent ALVAREZ, ASAEI 6734 CAVACADE DR. APT. 45 C TAMPA, FL 33614	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City				State FL Zip Code	
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)					
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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALVAREZ, ASAEI 6734 CAVACADE DR. APT. 45 C TAMPA, FL 33614	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAMOS, REBECA 6734 CAVACADE DR. APT. 45 C TAMPA, FL 33614	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date _____ Daytime Phone # _____					

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