

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000009166

FILED
Jul 16, 2009
Secretary of State

Entity Name: PARADISE CERAMIC TILE & MARBLE ENTERPRISE LLC

Current Principal Place of Business:

123 OCEAN HOLLOW LN
ST AUGUSTINE, FL 32084 US

New Principal Place of Business:

213 SOLANO CAY CIR
PONTE VEDRA BCH, FL 32082 US

Current Mailing Address:

123 OCEAN HOLLOW LN
ST AUGUSTINE, FL 32084 US

New Mailing Address:

213 SOLANO CAY CIR
PONTE VEDRA BCH, FL 32082 US

FEI Number: 26-1821909 **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:

CHRISTOPHER SPRINGHORN CPA PA
601 S PONCE DE LEON BLVD
SUITE C
ST AUGUSTINE, FL FL US

Name and Address of New Registered Agent:

AGUIAR, JENNIFER
213 SOLANO CAY CIR
PONTE VEDRA BCH, FL FL 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: JENNIFER AGUIAR

07/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: AGUIAR, LUIS
Address: 123 OCEAN HOLLOW LN
City-St-Zip: ST AUGUSTINE, FL 32084 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: AGUIAR, JENNIFER
Address: 213 SOLANO CAY CIR
City-St-Zip: PONTE VEDRA BCH, FL 32082 US

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: JENNIFER AGUIAR

MGRM

07/16/2009

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