

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000044290

Entity Name: MAI TILE INSTALLATION, LLC

FILED
Jun 19, 2009
Secretary of State

Current Principal Place of Business:

1730 QUAIL PATH
FORT WALTON BEACH, FL 32547

New Principal Place of Business:

Current Mailing Address:

1730 QUAIL PATH
FORT WALTON BEACH, FL 32547

New Mailing Address:

FEI Number: 26-2540223 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:

MAI, YANINA
1730 QUAIL PATH
FORT WALTON BEACH, FL 32547 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: MAI, YANINA
Address: 1730 QUAIL PATH
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: MGR () Delete
Name: PEREIRA, ADELCO
Address: 6 WOODHAM AVE APT# 14
City-St-Zip: FORT WALTON BEACH, FL 32547

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: MGR () Change (X) Addition
Name: ELEUTERIO, VALMOR
Address: 207 ANN CIRCLE UNIT 4
City-St-Zip: DESTIN, FL 32541

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: YANINA MAI

MGRM

06/19/2009

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