

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000060105

FILED
Aug 31, 2009
Secretary of State

Entity Name: EAGLE LINE TILE, LLC

Current Principal Place of Business:

1284 STENSTROM ROAD
WAUCHULA, FL 33873

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 561
ZOLFO SPRINGS, FL 33890

New Mailing Address:

FEI Number: 26-2861355 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

Name and Address of New Registered Agent:

GIBSON, SUSANNA M
1284 STENSTROM ROAD
WAUCHULA, FL 33873 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GIBSON, MARSHALL S
Address: 18915 DUQUESNE DRIVE
City-St-Zip: TAMPA, FL 33647

Title: MGRM () Delete
Name: MARTINEZ, RICARDO
Address: 3017 ELM STREET
City-St-Zip: ZOLFO SPRINGS, FL 33890

Title: MGRM () Delete
Name: MARTINEZ, ROBERTO
Address: 514 JAMESTOWN AVENUE
City-St-Zip: LAKE LAND, FL 33801

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GIBSON, MARSHALL S
Address: 1284 STENSTROM ROAD
City-St-Zip: WAUCHULA, FL 33873

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SUSANNA M. GIBSON

RA

08/31/2009

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