

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000105710

Entity Name: MOR-E-TILE LLC

FILED  
Apr 26, 2009  
Secretary of State

**Current Principal Place of Business:**

5931 1ST ST E  
APT B  
BRADENTON, FL 34203

**New Principal Place of Business:**

**Current Mailing Address:**

5931 1ST ST E  
APT B  
BRADENTON, FL 34203

**New Mailing Address:**

FEI Number: 26-3721431

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LUNA, LUIS  
5931 1ST ST E  
APT B  
BRADENTON, FL 34203 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: MGR ( ) Delete  
Name: LUNA, LUIS  
Address: 5931 APT B 1ST ST E  
City-St-Zip: BRADENTON, FL 34203

Title: MGR ( ) Delete  
Name: PALACIOS, BALDO  
Address: 3720 14TH ST W APT 33  
City-St-Zip: BRADENTON, FL 34205

Title: MGR ( ) Delete  
Name: CARABALLO, ANTONIO  
Address: 3720 14TH ST W APT 33  
City-St-Zip: BRADENTON, FL 34205

**ADDITIONS/CHANGES:**

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

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: LUNA LUIS

MGR

04/26/2009

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