

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000000788

**FILED**  
**Apr 20, 2010**  
**Secretary of State**

**Entity Name:** US TILE LLC

**Current Principal Place of Business:**

10650 NW 123 STREET ROAD  
MEDLEY, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

200 MANSELL COURT EAST STE 310  
ROSWELL, GA 30076

**New Mailing Address:**

**FEI Number:** 86-1168411

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DR., SUITE 4  
WESTON, FL 33331 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  
**Name:** KANE, MICHAEL P  
**Address:** 200 MANSELL COURT EAST STE 310  
**City-St-Zip:** ROSWELL, GA 30076

**Title:** MGR  
**Name:** SCHULZ, DARREN  
**Address:** 10650 NW 123 STREET ROAD  
**City-St-Zip:** MEDLEY, FL 33178

**Title:** MGR  
**Name:** MCLEAN, ERNEST  
**Address:** 200 MANSELL COURT EAST STE 310  
**City-St-Zip:** ROSWELL, GA 30076

**Title:** MGR  
**Name:** SABGA, NORMAN  
**Address:** 10650 NW 123 STREET ROAD  
**City-St-Zip:** MEDLEY, FL 33178

**Title:** MGR  
**Name:** BROOKS, GERRY  
**Address:** 10650 NW 123 STREET ROAD  
**City-St-Zip:** MEDLEY, FL 33178

I hereby 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:** DARREN SCHULZ

MGR

04/20/2010

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