


**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90036 001 \*\*\*\*55.00

DOCUMENT # *L05000034442*

1. Entity Name  
*DEREK'S Custom Tile and Marble LLC*



**DO NOT WRITE IN THIS SPACE**

**20039106**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
*King's Creek Circle*

3. Mailing Address  
*895 SW 361 Hwy.*

Suite, Apt. #, etc.

City & State  
*Steinhatchee, Fl.*

City & State  
*Steinhatchee, Fl.*

Zip  
*32359*

Country  
*U.S.A.*

Zip  
*32359*

Country  
*U.S.A.*

4. FEI Number  Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
*Derek R. Karageorge*

Street Address (P.O. Box Number is Not Acceptable)  
*King's Creek Circle*

City  
*Steinhatchee, FL*

Zip Code  
*32359*

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>MGRM Derek R. Karageorge P.O. Box 283 Steinhatchee, Fl. 32359</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>MGRM George R. Karageorge P.O. Box 323 Steinhatchee, Fl. 32359</i>
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Derek R. Karageorge* *04-27-06* *352-498-7399*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/02)

ATTACHMENT

200 34106  
#L05000034442

Form **SS-4**

**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003

Department of the Treasury  
Internal Revenue Service

▶ Keep a copy for your records.

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)  
*Derek's Custom Tile and Marble L.L.C.*

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)  
*P.O. Box 283*

4b City, state, and ZIP code  
*Steinatche, N.J. 32359*

5a Business address (if different from address on lines 4a and 4b)

5b City, state, and ZIP code

6 County and state where principal business is located  
*Taylor Co. Florida*

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ▶ *593-66-7731*  
*Derek R. Karageorge*

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

Sole proprietor (SSN)

Partnership

REMIC

State/local government

Church or church-controlled organization

Other nonprofit organization (specify) ▶

Other (specify) ▶

Personal service corp.

National Guard

Farmers' cooperative

Estate (SSN of decedent)

Plan administrator (SSN)

Other corporation (specify) ▶

Trust

Federal government/military

(enter GEN if applicable)

8b if a corporation, name the state or foreign country (if applicable) where incorporated

State Foreign country

9 Reason for applying (Check only one box.) (see instructions)

Started new business (specify type) ▶

Banking purpose (specify purpose) ▶

Changed type of organization (specify new type) ▶

Purchased going business

Created a trust (specify type) ▶

Other (specify) ▶

Hired employees (Check the box and see line 12.)

Created a pension plan (specify type) ▶

10 Date business started or acquired (month, day, year) (see instructions)  
*April 6, 2005*

11 Closing month of accounting year (see instructions)  
*12-31*

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)

Nonagricultural Agricultural Household  
*-0-*

14 Principal activity (see instructions) ▶ *Laying tile and Marble*

15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used

Yes  No

16 To whom are most of the products or services sold? Please check one box.

Public (retail)  Other (specify) ▶  Business (wholesale)  N/A

17a Has the applicant ever applied for an employer identification number for this or any other business? . . . . .  Yes  No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ▶ Trade name ▶

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year) City and state where filed Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)  
( )

Fax telephone number (include area code)  
( )

Name and title (Please type or print clearly.) ▶ *Derek R. Karageorge-TMP*

Signature ▶ *Derek R. Karageorge* Date ▶ *April 25, 2006*

Note: Do not write below this line. For official use only.

Please leave blank ▶ Geo. Ind. Class Size Reason for applying