

**2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000088470

**FILED**  
**Sep 01, 2011**  
**Secretary of State**

**Entity Name:** BOYER TILE LLC

**Current Principal Place of Business:**

393 N.W. FERRIS DRIVE  
PORT ST. LUCIE, FL 34983

**New Principal Place of Business:**

**Current Mailing Address:**

393 N.W. FERRIS DRIVE  
PORT ST. LUCIE, FL 34983

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

BOYER, CHRISTOPHER O  
393 N.W. FERRIS DRIVE  
PORT ST. LUCIE, FL 34983    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: CHRISTOPHER O BOYER

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** BOYER, CHRISTOPHER O  
**Address:** 393 N.W. FERRIS DRIVE  
**City-St-Zip:** PORT ST. LUCIE, FL 34983

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: CHRISTOPHER O BOYER

MGRM

09/01/2011

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