#### 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000088470

**Entity Name: BOYER TILE LLC** 

**FILED** Apr 03, 2015 **Secretary of State** CC8161252910

# **Current Principal Place of Business:**

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

### **Current Mailing Address:**

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

FEI Number: 46-0991940 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

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

## Authorized Person(s) Detail:

Title MGRM

Title

BOYER, CHRISTOPHER O Name Address

Address 393 N.W. FERRIS DRIVE 393 N.W. FERRIS DRIVE

Name

**MGRM** 

BOYER, BRADLEY

PORT ST. LUCIE FL 34983 City-State-Zip:

City-State-Zip: PORT ST. LUCIE FL 34983

Title **TREASURER** 

Name BOYER, BLAKE CARTER Address 232 NE SURFSIDE AVE

City-State-Zip: PORT SAINT LUCIE FL 34983

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHRISTOPHER BOYER

04/03/2015 OWNER, BOYER TILE LLC

Electronic Signature of Signing Authorized Person(s) Detail

Date