

**2015 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L09000088470

**Entity Name:** BOYER TILE LLC

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

Title MANAGER  
Name STORIALE, MATHEW  
Address 331 SW FAIRWAY AVE.  
City-State-Zip: PORT ST. LUCIE FL 34983

Title MANAGER  
Name BRYANT, JAMES R  
Address 244 S.W. CRESCENT AVE.  
City-State-Zip: PORT SAINT LUCIE FL 34982

*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

MGRM

06/29/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date