

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000182796

**Entity Name:** CLIFFORD STREPPONE'S TILE LLC

**Current Principal Place of Business:**

4580 BEACON DRIVE  
SARASOTA, FL 34232

**Current Mailing Address:**

4580 BEACON DRIVE  
SARASOTA, FL 34232 US

**FEI Number:** 47-2421399

**Certificate of Status Desired:** No

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

STREPPONE, CLIFFORD W  
4580 BEACON DRIVE  
SARASOTA, FL 34232 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           | AP                    | Title           | AMBR                |
| Name            | STREPPONE, CLIFFORD W | Name            | STREPPONE, LEEANN E |
| Address         | 4580 BEACON DRIVE     | Address         | 4580 BEACON DRIVE   |
| City-State-Zip: | SARASOTA FL 34232     | City-State-Zip: | SARASOTA FL 34232   |

*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:** CLIFFORD STREPPONE

AP

04/27/2016

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date