

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000026572

**Entity Name:** CLC TILE INSTALLATION LLC

**Current Principal Place of Business:**

815 CHAPLIN AVE  
LEHIGH ACRES, FL 33971

**Current Mailing Address:**

815 CHAPLIN AVE  
LEHIGH ACRES, FL 33971 US

**FEI Number:** 36-4979669

**Certificate of Status Desired:** No

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

GONCALVES DE SOUZA, CESAR  
815 CHAPLIN AVE  
LEHIGH ACRES, FL 33971 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            AMBR  
Name            GONCALVES DE SOUZA, CESAR  
Address        815 CHAPLIN AVE  
City-State-Zip: LEHIGH ACRES FL 33971

*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:** CESAR GONCALVES DE SOUZA

AMBR

04/24/2024

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

\_\_\_\_\_ Date