

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 19, 2008 08:00 A
Secretary of State

DOCUMENT # L00000013912

1. Entity Name
TILE SQUARE, LLC



Principal Place of Business
**1917 TIGERTAIL BLVD.
DANIA BEACH, FL 33004 US**

Mailing Address
**1917 TIGERTAIL BLVD.
DANIA BEACH, FL 33004 US**



01122008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-7091734

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**POLLOCK, KENNETH S
2400 E. COMMERCIAL BLVD., SUITE 517
FORT LAUDERDALE, FL 33308**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE **AH**
NAME **NAGODE, TOMAZ**
STREET ADDRESS **1917 TIGERTAIL BLVD.**
CITY-ST-ZIP **DANIA BEACH, FL 33004**

TITLE **MGR**
NAME **MEZNARSIC, JANEZ**
STREET ADDRESS **1917 TIGERTAIL BLVD.**
CITY-ST-ZIP **DANIA BEACH, FL 33004**

TITLE
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CITY-ST-ZIP

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U000000063235
04/03/08-80084-004 138.75

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

MEZNARSIC JANEZ

Date

Daytime Phone #

1/27/08 954 843 0277