

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000014810

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** LAKESIDE TUB & TILE REFINISHING LLC

**Current Principal Place of Business:**

36742 TROPICAL WIND LANE  
GRAND ISLAND, FL 32735

**New Principal Place of Business:**

**Current Mailing Address:**

36742 TROPICAL WIND LANE  
GRAND ISLAND, FL 32735

**New Mailing Address:**

**FEI Number:** 59-3687612

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ABRAMS, RAY  
36742 TROPICAL WIND LANE  
GRAND ISLAND, FL 32735 US

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

ABRAMS, RAY P  
36742 TROPICAL WIND LANE  
GRAND ISLAND, FL 32735 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: RAY P. ABRAMS

04/28/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ABRAMS, RAY P  
Address: 36742 TROPICAL WIND LANE  
City-St-Zip: GRAND ISLAND, FL 32735

Title: MGR  
Name: ABRAMS, MARTHA R  
Address: 36742 TROPICAL WIND LANE  
City-St-Zip: GRAND ISLAND, FL 32735

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: RAY P. ABRAMS

MGRM

04/28/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date