

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000004659

1. Entity Name

J. T. TILE LOADERS, L.L.C.



Principal Place of Business

**7820 BUCKEYE RD.
PALMETTO, FL 34221 US**

Mailing Address

**7820 BUCKEYE RD.
PALMETTO, FL 34221 US**



03132006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3824933

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**QUINLAN, JOHN V ESQ.
601 12TH STREET WEST
BRADENTON, FL 34205**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/1/06

**Filing Fee is \$50.00
Due by May 1, 2006**

**000000581474
05/19/06-80016-001 50.00**

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|--------------------|
| TITLE | MGRM |
| NAME | TREJO, SONIA |
| STREET ADDRESS | 7820 BUCKEYE RD. |
| CITY-ST-ZIP | PALMETTO, FL 34221 |
| TITLE | MGRM |
| NAME | TREJO, JUAN |
| STREET ADDRESS | 7820 BUCKEYE RD. |
| CITY-ST-ZIP | PALMETTO, FL 34221 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**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:

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

DATE

Daytime Phone #

5/1/06