

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

01-24-2003 90255 026 ****50.00

DOCUMENT # L02000030227

1. Entity Name

TILE & CARPET OF ALTAMONTE SPRINGS L.L.C.



Principal Place of Business

820 E. ALTAMONTE DR.
ALTAMONTE SPRINGS FL 32701

Mailing Address

820 E. ALTAMONTE DR.
ALTAMONTE SPRINGS FL 32701

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

02-0655784

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MELLO, ROBERT
820 E. ALTAMONTE DR.
ALTAMONTE SPRINGS FL 32701

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reappointing)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE: Managing Member
NAME: Robert Mello
STREET ADDRESS: 820 E. Altamonte Dr.
CITY-ST-ZIP: Altamonte Springs, FL 32701

☐ Delete

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NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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10. ADDITIONS/CHANGES

TITLE:
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STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 ATTACHED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-9-03 407-331-8453

CR2ED83 (10/02)