

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

DOCUMENT # L03000022218

1. Entity Name

ALL AMERICA TILE AND MARBLE, L.L.C.



Principal Place of Business

18506 NE 5TH AVE
MIAMI FL 33179

Mailing Address

18506 NE 5TH AVE
MIAMI FL 33179

2. Principal Place of Business

18506 NE 5 AVE

Suite, Apt. #, etc.

3. Mailing Address

same

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip

33179

Country

Zip

Country

4. FEI Number

56-244-5305

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$5.00 Additional
Fee Required

34004883



MOORE

CR2E083 (11/03)

6. Name and Address of Current Registered Agent

GLADSTEIN, HARLAN
850 IVES DAIRY RD, STE T-11-12
MIAMI FL 33179

7. Name and Address of New Registered Agent

Name

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

City

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 reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE managing Director ☐ Delete
NAME Paul Reiner
STREET ADDRESS 3530 N 55 AVE
CITY-ST-ZIP Kelly Wood FL 33021

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MANAGING DIRECTOR ☐ Change ☒ Addition
NAME MIGUEL SADOVNIC
STREET ADDRESS 1573 NE 194 ST
CITY-ST-ZIP NORTH MIAMI, BEACH, FL 33179

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

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

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

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

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

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

Date

Daytime Phone #

3-23-04 (305)652-2244