

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000044099**

**1. Entity Name**

**TIM ROZELLE TILE COMPANY LLC**



**Principal Place of Business**

**10168 WOODVILLE HWY  
TALLAHASSEE, FL 32305**

**Mailing Address**

**10168 WOODVILLE HWY  
TALLAHASSEE, FL 32305**



02122005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**

**30-0213616**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$5.00 Additional  
Fee Required**

**8. Name and Address of Current Registered Agent**

**ROZELLE, TIM  
10168 WOODVILLE HWY  
TALLAHASSEE, FL 32305**

**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

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE** MGR  
**NAME** ROZELLE, TIM  
**STREET ADDRESS** 10168 WOODVILLE HWY  
**CITY-ST-ZIP** TALLAHASSEE, FL 32305

**TITLE** MGRM  
**NAME** ROZELLE, TIM  
**STREET ADDRESS** 10168 WOODVILLE HWY  
**CITY-ST-ZIP** TALLAHASSEE, FL 32305

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**CITY-ST-ZIP**

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IN THIS SPACE**

**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:**

*Tim Rozelle*

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

*2/22/05*

Date

*850-509-2283*

Daytime Phone #