

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Mar 06, 2006 08:1
Secretary of St**

DOCUMENT # L03000044805

**1. Entity Name
JOE BANKS TILE LLC**



**Principal Place of Business
16 PALM COURT
OKEECHOBEE, FL 34974 US**

**Mailing Address
16 PALM COURT
OKEECHOBEE, FL 34974 US**



02262006 No Chg-LLC

CRZE083 (11/05)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
65-0172714**

**Applied For
Not Applicable**

**5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BANKS, JOE E
16 PALM COURT
OKEECHOBEE, FL 34974**

**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, 2006**

000000456896
03/16/06-80048-005 50.00

9. MANAGING MEMBERS/MANAGERS

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BANKS, JOE E
16 PALM COURT
OKEECHOBEE, FL 34974**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
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 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

Joe E. Banks

Joe E. BANKS

2/26/06 863-467-1405

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

Date

Daytime Phone #

limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Frank Green

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