

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000048657

1. Entity Name
MARK AND STEVE TILE SPECIALISTS LLC



Principal Place of Business
7110 BUCKSKIN RD
TALLAHASSEE, FL 32309

Mailing Address
13 N BACK CT
MONTICELLO, FL 32344

FILED

08 FEB 15 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02142008 REIN-LLC CR2E101 (1/07)

2. Principal Place of Business - No P.O. Box #
7110 Buck Skin Rd

Suite, Apt. #, etc.

3. Mailing Address
7110 Buckskin Rd

Suite, Apt. #, etc.

City & State
Tallahassee, FL

Zip
32309

Country
Leom

City & State
Tallahassee, FL

Zip
32309

Country

4. FEI Number
36-4544551

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BRINDLEY, MARK
7110 BUCKSKIN RD
TALLAHASSEE, FL 32309

7. Name and Address of New Registered Agent

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 reinstating)

DATE

FILE NOW!!! FEE IS \$377.50

277.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
BRINDLEY, MARK
7110 BUCKSKIN RD
TALLAHASSEE, FL 32309 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
REISSNER, STEVEN C
13 N BACK CT
MONTICELLO, FL 32344 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
200112440482 ☐ Change ☐ Addition
02/20/08--01022--020 **277.50

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

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
L. SELLERS ☐ Change ☐ Addition
FEB 15 2008

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

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:

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

Date

Daytime Phone #