

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000048979

**FILED**  
**Apr 27, 2009**  
**Secretary of State**

**Entity Name:** REUBEN C BRAZWELL CERAMIC TILE & FLOORING SERVICE LLC

**Current Principal Place of Business:**

8220 WESTERN WAY DRIVE  
PENSACOLA, FL 32526 US

**New Principal Place of Business:**

C/O 8220 WESTERN WAY DRIVE  
PENSACOLA, FL 32526 US

**Current Mailing Address:**

8220 WESTERN WAY DRIVE  
PENSACOLA, FL 32526 US

**New Mailing Address:**

C/O 8220 WESTERN WAY DRIVE  
PENSACOLA, FL 32526 US

**FEI Number:** 20-0458976

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BRAZWELL, REUBEN C  
8220 WESTERN WAY DRIVE  
PENSACOLA, FL 32526 US

**Name and Address of New Registered Agent:**

BRAZWELL, REUBEN C  
C/O 8220 WESTERN WAY DRIVE  
PENSACOLA, FL 32526 US

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.

**SIGNATURE:**

04/27/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** BRAZWELL, RUEBEN C  
**Address:** 8220 WESTERN WAY DRIVE  
**City-St-Zip:** PENSACOLA, FL 32526 US

**ADDITIONS/CHANGES:**

**Title:** MGR (X) Change ( ) Addition  
**Name:** BRAZWELL, RUEBEN C  
**Address:** C/O 8220 WESTERN WAY DRIVE  
**City-St-Zip:** PENSACOLA, FL 32526 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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:** REUBEN CHAD BRAZWELL

PRES

04/27/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date