


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90030 008 ****50.00

DOCUMENT # L03000050208	
1. Entity Name THORPE TILE & MARBLE CO., LLC	

Principal Place of Business 8711 WOODMONT LANE PORT RICHEY, FL 34668	Mailing Address 8711 WOODMONT LANE PORT RICHEY, FL 34668
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



02042004 Chg-LLC CR2E083 (10/03)

4. FEI Number 57-1194128	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent THORPE, ROBERT D 8711 WOODMONT LANE PORT RICHEY, FL 34668	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
State 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

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #

Robert D Thorpe 4/7/04 727-868-1064

Attachment

24039993
#L03000050208

**CERTIFICATE OF AUTHORITY
FOR
THORPE TILE & MARBLE CO., LLC**

This Limited Liability Company is managed by its members/member-managers. The names and addresses of each of its current members/member-managers as of _____, are listed below. Each of these persons has managerial authority of the Limited Liability Company and is empowered to transact business on its behalf.

Robert D. Thorpe
8711 Woodmont Lane
Port Richey, FL 34668

Alice E. Thorpe
8711 Woodmont Lane
Port Richey, FL 34668

Further, each of the following members/member-managers is specifically authorized to transact the following business on behalf of the Limited Liability Company:

Date

Robert D. Thorpe

RECEIVED
JAN 12 2012