2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State
02-03-2005 90111 019 ****50.00

DOCUMENT # L03000052424

1. Entity Name
MITCHEM'S TILE & MARBLE CONTRACTING, LLC

Principal Place of Business	Mailing Address
1615 DIXIE WAY MELBOURNE, FL 32935	1615 DIXIE WAY MELBOURNE, FL 32935

20007282

01032005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
1615 Dixie way	1615 Dixie way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Melbourne, Fl	City & State: Melbourne Fl
Zip: 32935 Country: USA	Zip: 32935 Country: USA

4. FEI Number: 20 0491986 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MITCHEM, GREG
1615 DIXIE WAY
MELBOURNE, FL 32935

7. Name and Address of New Registered Agent

Name: Greg Mitchem
Street Address (P.O. Box Number is Not Acceptable): 1615 Dixie way
City: Melbourne FL Zip Code: 32935

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: Greg Mitchem [signature] 1/30/05
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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MITCHEM, GREG 1615 DIXIE WAY MELBOURNE, FL 32935	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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] 1/30/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #