

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000054380 1. Entity Name ROD'S TILE, LLC																																									
Principal Place of Business 1855 RIDGE VALLEY ST CLERMONT FL 34711 US		Mailing Address 1855 RIDGE VALLEY ST CLERMONT FL 34711 US																																							
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																							
City & State Zip Country		City & State Zip Country		4. FEI Number 20-0509069 ☐ Applied For ☐ Not Applicable																																					
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		1st MOORE CR2E083 (10/05)																																							
6. Name and Address of Current Registered Agent RODRIGUEZ, JOSE 1855 RIDGE VALLEY STREET CLERMONT FL 34711-6490			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																									
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006																																									
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:40%;"> MGRM RODRIGUEZ, JOSE 1855 RIDGE VALLEY STREET CLERMONT FL 34711-6490 </td> <td style="width:30%; text-align: center;"> ☐ Delete </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: center;">☐ Delete</td> </tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RODRIGUEZ, JOSE 1855 RIDGE VALLEY STREET CLERMONT FL 34711-6490	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:40%;"> ☐ Change ☐ Add </td> <td style="width:30%;"></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: center;">☐ Change ☐ Add</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: center;">☐ Change ☐ Add</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: center;">☐ Change ☐ Add</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: center;">☐ Change ☐ Add</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: center;">☐ Change ☐ Add</td> </tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 606, Florida Statutes.																																									
SIGNATURE: _____			2-10-06 352-53600																																						