

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000054655

**FILED**  
**Dec 19, 2005**  
**Secretary of State**

**Entity Name:** KATANDRE TILE,MARBLE & COUNTERTOPS, LLC

**Current Principal Place of Business:**

2350 NAPLES TRACE CIR  
#6  
NAPLES, FL 34109

**New Principal Place of Business:**

9777 ALABAMA ST  
BONITA SPRINGS, FL 34135

**Current Mailing Address:**

2350 NAPLES TRACE CIR  
#6  
NAPLES, FL 34109

**New Mailing Address:**

9777 ALABAMA ST  
BONITA SPRINGS, FL 34135

**FEI Number:** 20-0498313      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

MARRERO, CARMEN  
4317 PURDY LANE  
WEST PALM BEACH, FL FL      US

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

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: CARMEN MARRERO

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: FUNDORA, MARIA  
Address: 2350 NAPLES TRACE CIR. #6  
City-St-Zip: NAPLES, FL 34109

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change      ( ) Addition  
Name: FUNDORA, MARIA  
Address: 9777 ALABAMA ST  
City-St-Zip: BONITA SPRINGS, FL 34135

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARIA FUNDORA

MS

12/19/2005

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