

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90085 016 ****50.00

DOCUMENT # L03000055409

1. Entity Name

LUTHER TILE, LLC



Principal Place of Business

7268 FIRETHRONE DR
SARASOTA FL 34240
US

Mailing Address

7268 FIRETHRONE DR
SARASOTA FL 34240
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-3781353

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LUTHER, DEREK
7268 FIRETHRONE DR
SARASOTA FL 34240

7. Name and Address of New Registered Agent

Name

LUTHER, DEREK

Street Address (P.O. Box Number is Not Acceptable)

7268 FIRETHRONE DR

City SARASOTA

FL

Zip Code 34240

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

Derek Luther MGRM 1-18-05

Signature, typed or printed name of registered agent and title if applicable

(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, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME LUTHER, DEREK W
STREET ADDRESS 7268 FIRETHRONE DR
CITY-ST-ZIP SARASOTA FL 34240

TITLE MGRM ☐ Delete
NAME LUTHER, STEPHEN G
STREET ADDRESS 4090 MALDEN DR
CITY-ST-ZIP SARASOTA FL 34241

TITLE MGRM ☐ Delete
NAME VINAL, RONNIE
STREET ADDRESS 7268 FIRETHRONE DR
CITY-ST-ZIP SARASOTA FL 34240

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Derek Luther

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-18-05 941-685-7723

Date

Daytime Phone #