

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000056614

1. Entity Name
A & C TILE, LLC



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

03-12-2004 90224 042 ****50.00

Principal Place of Business
4929 9TH AVE. S.
GULFPORT, FL 33707

Mailing Address
4929 9TH AVE. S.
GULFPORT, FL 33707

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02102004 Chg-LLC CR2E083 (10/03)

4. FEI Number

591835135

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROTA, AL
2716 - 52ND ST. S.
GULFPORT, FL 33707

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGR
ROTA, AL
2716 - 52ND ST. S.
GULFPORT, FL 33707

☐ Delete

TITLE
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CITY - ST - ZIP

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10. ADDITIONS / CHANGES

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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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

3/8/04

Daytime Phone #

727-321-4292