

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 23, 2004 8:00 am
Secretary of State

08-23-2004 90152 049 ****55.00

DOCUMENT # L03000056831

1. Entity Name

FRAGA TILES LLC



Principal Place of Business

1328 N BRINK AVE.
SARASOTA FL 34237

Mailing Address

1328 N BRINK AVE.
SARASOTA FL 34237

2. Principal Place of Business
3301 BELLEVILLE TERR

3. Mailing Address
3301 BELLEVILLE TERR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
NORTH PORT, FLORIDA

City & State
NORTH PORT, FLORIDA

4. FEI Number 043722608

Applied For

Not Applicable

Zip
34286

Country
USA

Zip
34286

Country
USA

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of Now Registered Agent

FRAGA, EDILIO T
1328 N BRINK AVE.
SARASOTA FL 34237

Name
FRAGA, EDILIO T.

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

3301 BELLEVILLE TERR

City
NORTH PORT

FL

Zip Code
34286

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

Edilio T. Fraga

(NOTE: Registered Agent signature required when reinstating)

DATE

8/18/04

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 8, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
FRAGA, EDILIO T
1328 N BRINK AVE.
SARASOTA FL 34237 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
FRAGA, EDILIO T
3301 BELLEVILLE TERR
NORTH PORT FL 34286 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

Date

Daytime Phone #

Edilio T. Fraga

8/18/04

941-685-1952