


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90132 001 ***150.00

DOCUMENT # L03000057054	
1. Entity Name MCGINNIS TILE & MARBLE LLC	

Principal Place of Business 144 GREBE CT SO DAYTONA, FL 32119	Mailing Address 144 GREBE CT SO DAYTONA, FL 32119
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30005149



2. Principal Place of Business 331 Wild Orange Dr Suite, Apt. #, etc.	3. Mailing Address 331 Wild Orange Dr Suite, Apt. #, etc.
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04262005 Chg-LLC CR2E083 (10/03)

City & State New Smyrna Beach, FL	City & State New Smyrna Beach, FL
Zip 32168	Zip 32168
Country	Country

4. FEI Number 20-0526354	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent MCGINNIS, DAVID 144 GREBE CT SO DAYTONA, FL 32119	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) 331 Wild Orange Dr	
City New Smyrna Beach	Zip Code FL 32168

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 *David V. McGinnis* DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM MCGINNIS, DAVID 144 GREBE CT SO DAYTONA, FL 32119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	331 Wild Orange Dr New Smyrna Beach, FL 32168 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 *David V. McGinnis* **4/26/05 386-6891**

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