

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000057281

Entity Name: SHADOWEN TILE LLC

FILED  
Feb 02, 2006  
Secretary of State

## Current Principal Place of Business:

5615 SHANNON DRIVE  
FT. PIERCE, FL 34951 US

## New Principal Place of Business:

561 SW BILTMORE DR.  
PORT ST. LUCIE, FL 34983 US

## Current Mailing Address:

5615 SHANNON DRIVE  
FT. PIERCE, FL 34951 US

## New Mailing Address:

561 SW BILTMORE DR.  
PORT ST. LUCIE, FL 34983 US

FEI Number: 20-0536402      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:

BROWN, TAMI  
4350 LAROSA AVENUE  
NORTH PORT, FL 34286 US

## Name and Address of New Registered Agent:

SHADOWEN, JEFFREY S OWNER  
496 SW DEER RUN  
PORT ST. LUCIE, FL 34953 US

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: JEFFREY SHADOWEN

02/02/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: SHADOWEN, JEFFREY  
Address: 5615 SHANNON DRIVE  
City-St-Zip: FT. PIERCE, FL 34951 US

## ADDITIONS/CHANGES:

Title: OWNE (X) Change ( ) Addition  
Name: SHADOWEN, JEFFREY  
Address: 496 SW DEER RUN  
City-St-Zip: PORT ST. LUCIE, FL 34953 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JEFFREY SHADOWEN

OWNE

02/02/2006

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