

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/23

FILED
May 26, 2004 8:00 am
Secretary of State

04-23-2004 90020 021 ****55.00

DOCUMENT # L03000057421

1. Entity Name
TC TILE AND FLOORING, LLC



Principal Place of Business
**28920 N. CO. RD. 491
ALACHUA, FL 32615 US**

Mailing Address
**28920 N. CO. RD. 491
ALACHUA, FL 32615 US**

34007624



2. Principal Place of Business
28920 N Co Rd 1491
Suite, Apt. #, etc.

3. Mailing Address
28920 N Co Rd 1491
Suite, Apt. #, etc.

03172004 Chg-LLC CR2E083 (10/03)

City & State
Alachua Fla
Zip
32615
Country
Alachua

City & State
Alachua Fla
Zip
32615
Country
Alachua

4. FEI Number
20-0818448
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

FALLIS, TOM C
28920 N. CO. RD. 491
ALACHUA, FL 32615

7. Name and Address of New Registered Agent

Name
TOM FALLIS
Street Address (P.O. Box Number is Not Acceptable)
28920 N Co Rd 1491
City
Alachua FL Zip Code
32615

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 reappointing)

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	MGRM FALLIS, TOM C 28920 N. CO. RD. 491 ALACHUA, FL 32615	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Tom Fallis TC

4-21-04 352-222-4490

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

Date

Daytime Phone #