

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 13, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000057421

1. Entity Name  
TC TILE AND FLOORING, LLC



Principal Place of Business      Mailing Address  
28920 N. CO. RD. 1491      28920 N. CO. RD. 1491  
ALACHUA, FL 32615 US      ALACHUA, FL 32615 US



07082005 No Chg-LLC      CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
20-0818448      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. 1491  
ALACHUA, FL 32615

**DO NOT WRITE  
IN THIS SPACE**

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 September 7, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE      MGRM  
NAME      FALLIS, TOM C  
STREET ADDRESS      28920 N. CO. RD. 491  
CITY-ST-ZIP      ALACHUA, FL 32615

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U00000372618  
07/13/05-80010-002 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

352-222-4490