# 2007 LIMITED LIABILITY COMPANY
## ANNUAL REPORT

**DOCUMENT # L03000057421**

1. Entity Name
TC TILE AND FLOORING, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 28920 N. CO. RD. 1491<br>ALACHUA, FL 32615     US | 28920 N. CO. RD. 1491<br>ALACHUA, FL 32615     US |

## DO NOT WRITE IN THIS SPACE

05212007 No Chg-LLC          CR2E083 (11/05)

| 4. FEI Number<br>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. 1491
ALACHUA, FL  32615

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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 14, 2007**

9.                                    MANAGING MEMBERS/MANAGERS

| TITLE | MGRM |
|---|---|
| NAME | FALLIS, TOM C |
| STREET ADDRESS | 28920 N. CO. RD. 491 |
| CITY-ST-ZIP | ALACHUA, FL  32615 |
| TITLE | |
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07/19/07--80003--011 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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_                    7-1-07        352-222-4490
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE            Date              Daytime Phone #