

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 28, 2004 8:00 am**  
**Secretary of State**

05-28-2004 90287 009 \*\*\*\*50.00

DOCUMENT # L04000000583

1. Entity Name

COMPLETE TILE & REPAIR SERVICE, L.L.C.



Principal Place of Business

1001 N.E. FIRST STREET  
POMPANO BEACH FL 33060

Mailing Address

1001 N.E. FIRST STREET  
POMPANO BEACH FL 33060

24077418



MOORE CR2E083 (11/03)

2. Principal Place of Business

2734 Van Buren St

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hollywood, FL

City & State

Hollywood, FL

4. FEI Number

16-1689430

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LIEBOWITZ, KAREN  
1001 N.E. FIRST STREET  
POMPANO BEACH FL 33060

Thomas H. Brown  
2734 Van Buren St.  
Hollywood, FL 33020

7. Name and Address of New Registered Agent

Name Thomas H. Brown

Street Address (P.O. Box Number is Not Acceptable)  
2734 Van Buren St.

City Hollywood

FL

Zip Code 33020

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

*Karen Liebowitz*

*Thomas H. Brown*

4/20/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME BROWN, THOMAS H  
STREET ADDRESS 1001 N.E. FIRST STREET  
CITY-ST-ZIP POMPANO BEACH FL 33060

change address

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR  
NAME Brown, Thomas H  
STREET ADDRESS 2734 Van Buren St.  
CITY-ST-ZIP Hollywood, FL 33020

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Thomas H. Brown*

4/20/04

954-588-5683

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

Date

Daytime Phone #