

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90286 031 ****50.00

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1. Entity Name
T&P MARBLE AND GRANITE L.L.C.



Principal Place of Business
**2098 S.W. BRISBANE STREET
PORT ST. LUCIE, FL 34984**

Mailing Address
**2098 S.W. BRISBANE STREET
PORT ST. LUCIE, FL 34984**

20018644



2. Principal Place of Business
5255 NW North Delwood Dr
Suite, Apt. #, etc.

3. Mailing Address
5255 NW North Delwood Dr
Suite, Apt. #, etc.

03132006 Chg-LLC CR2E083 (11/05)

City & State
Port St. Lucie Florida
Zip
34986
Country
U.S.A.

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Port St. Lucie Florida
Zip
34986
Country
U.S.A.

4. FEI Number
43-2040308
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**JIMENEZ, LUIS ANTONIO
2098 S.W. BRISBANE STREET
PORT ST. LUCIE, FL 34984**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
JIMENEZ, LUIS A
2098 S.W. BRISBANE STREET
PORT ST. LUCIE, FL 34984** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: Luis Antonio Jimenez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-14-06 772-201-1176
Date Daytime Phone #