

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90055 001 ****50.00

DOCUMENT # L04000002483

1. Entity Name

J. T. TILE, LLC



Principal Place of Business

688 GOODWIN CREEK RD.
FREEPORT FL 32439

Mailing Address

688 GOODWIN CREEK RD.
FREEPORT FL 32439

2. Principal Place of Business

688 Goodwin Creek Rd.
Suite, Apt. #, etc.

3. Mailing Address

688 Goodwin Creek Rd.
Suite, Apt. #, etc.

City & State

Freeport FL

City & State

Freeport FL

4. FEI Number

263596193

Applied For

Not Applicable

Zip

32439

Country

USA/Tor

Zip

32439

Country

USA/Tor

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TOLSON, JAMES A
688 GOODWIN CREEK RD.
FREEPORT FL 32439

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

James A. Tolson

(NOTE: Registered Agent signature required when reinstating)

02-19-05

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME TOLSON, JAMES A
STREET ADDRESS 688 GOODWIN CREEK RD.
CITY-ST-ZIP FREEPORT FL 32439 ☐ Delete

TITLE MGRM
NAME COTTON, KEVIN J
STREET ADDRESS 272 N. 8TH ST.
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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

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

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:

James A. Tolson - James A. Tolson 2-3-05 376-7505

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

Date

Daytime Phone #