

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 16, 2006 8:00 am**  
**Secretary of State**

06-16-2006 90001 009 \*\*\*\*50.00

**40095921**



05242006 Chg-LLC CR2E083 (11/05)

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|--|--|--|--|--|---|
| <b>DOCUMENT # L04000002778</b><br>1. Entity Name<br><b>BOYETTE TILE &amp; REPAIR LLC</b>   |  |  |  |  |   |
| Principal Place of Business<br><b>7100 W 14TH CT.<br/>HIALEAH, FL 33014 US</b>   |  |  | Mailing Address<br><b>7100 W 14TH CT.<br/>HIALEAH, FL 33014 US</b>   |  |   |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br><b>336 SW JACKSON PL.</b><br>Suite, Apt. #, etc. |  |  |   |
| City & State<br>Zip  |  | City & State<br><b>PORT ST. LUCIE, FL</b><br>Zip<br><b>34986</b>       |  | Country<br><b>US</b>                           |   |
| 4. FEI Number<br><b>74-3113748</b>   |  | Applied For<br><input type="checkbox"/> Not Applicable                 |  |  |   |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>  |  |  |  |  |   |
| 6. Name and Address of Current Registered Agent<br><br><b>BOYETTE, ORVILLE E<br/>336 W JACKSON PL.<br/>PORT ST. LUCIE, FL 34986</b>  |  |  | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> 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 _____  |  |  |  |  |   |
| <b>Filing Fee is \$50.00<br/>Due by September 6, 2006</b>  |  | <b>Make check payable to<br/>Florida Department of State</b>           |  |  |   |
| 9. MANAGING MEMBERS/MANAGERS   |  |  | 10. ADDITIONS/CHANGES  |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>BOYETTE, KENNETH O<br>7100 W 14CT.<br>HIALEAH, FL 33014 | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>ORVILLE BOYETTE MGR<br/>336 SW JACKSON PL<br/>PORT ST. LUCIE, FL 34986</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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. |  |  |  |  |   |
| <b>SIGNATURE: Orville Boyette ORVILLE BOYETTE</b> <b>6-14-06 (772)344-3449</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |  |  |  |  |   |