

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000002778

1. Entity Name
BOYETTE TILE & REPAIR LLC



Principal Place of Business
7100 W 14TH CT.
HIALEAH, FL 33014 US

Mailing Address
336 SW JACKSON PL
PORT SAINT LUCIE, FL 34986 US



03242008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
74-3113748

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOYETTE, ORVILLE E
336 W JACKSON PL.
PORT ST. LUCIE, FL 34986

**DO NOT WRITE
IN THIS SPACE**

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 ORVILLE E BOYETTE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000873829
04/10/08-90095-001 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BOYETTE, KENNETH O
STREET ADDRESS	7100 W 14CT.
CITY-ST-ZIP	HIALEAH, FL 33014
TITLE	MGR
NAME	BOYETTE, ORVILLE
STREET ADDRESS	336 SW JACKSON PL
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: ORVILLE E BOYETTE
Orville E. Boyette

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

3-27-08

Date

Daytime Phone #