

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000003276

1. Entity Name
TILE BY JAMES, LLC



Principal Place of Business
**22311 SE 162 AVENUE
HAWTHORNE, FL 32640**

Mailing Address
**P.O. BOX 463
CITRA, FL 32113**



04102006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0550052

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LOWELL, JAMES
22311 SE 162 AVENUE
HAWTHORNE, FL 32640**

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

000000505803
04/26/06-80130-016 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LAW, JAMES
STREET ADDRESS	22311 SE 162 AVE
CITY- ST- ZIP	HAWTHORNE, FL 32640
TITLE	MGR
NAME	LAW, ANGELA R
STREET ADDRESS	22311 SE 162 AVE
CITY- ST- ZIP	HAWTHORNE, FL 32640
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: James Law
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/12/06 **239-3208**
Date Daytime Phone if