

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000004537

1. Entity Name
BB & T TILE, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 DEC -5 AM 9:05

Principal Place of Business
2600 WEST BOBE STREET
PENSACOLA, FL 32501 US

Mailing Address
2600 WEST BOBE STREET
PENSACOLA, FL 32501 US

2. Principal Place of Business

2600 West Bobe St

Suite, Apt. #, etc.

House

City & State

Pensacola FL

Zip

32503

Country

USA

3. Mailing Address

2600 West Bobe St

Suite, Apt. #, etc.

House

City & State

Pensacola FL

Zip

32503

Country

USA



10212005 REIN-LLC

CR2E101 (6/04)

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

COFFEY, BRIAN
2600 WEST BOBE STREET
PENSACOLA, FL 32501

7. Name and Address of New Registered Agent

Name: Brian Coffey
Street Address (P.O. Box Number is Not Acceptable)
2600 West Bobe St

City: Pensacola

FL

Zip Code

32503

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

Brian Coffey 10/31/05

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME COFFEY, BRIAN
STREET ADDRESS 2600 WEST BOBE STREET
CITY-ST-ZIP PENSACOLA, FL 32501 ☐ Delete

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 300061911803
CITY-ST-ZIP 12/05/05--01053--005 **150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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

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:

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

Date

Daytime Phone #

Brian Coffey 10/31/05 850-293-7958
850-435-7640

REINSTATEMENT 2005