


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90088 001 ****50.00

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DOCUMENT # L04000006756					
1. Entity Name LEGACY TILE & MARBLE, LLC					
Principal Place of Business 1222 ARAPAHO STREET JUPITER, FL 33458 US		Mailing Address 1222 ARAPAHO STREET JUPITER, FL 33458 US			
2. Principal Place of Business 12052 A1+A1A Suite, Apt. #, etc. C3		3. Mailing Address ← Same Suite, Apt. #, etc.			
City & State Palm Beach Gardens FL		City & State			
Zip 33410		Country Palm Beach		4. FEI Number 20-0645076	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent PUZA, JOSEPH 1222 ARAPAHO STREET JUPITER, FL 33458		7. Name and Address of New Registered Agent Name: Joseph Puza Street Address (P.O. Box Number is Not Acceptable): 12052 A1+A1A #C3 City: Palm Beach Gardens FL Zip Code: 33410			
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: <i>Joseph Puza</i>		DATE: _____			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PUZA, JOSEPH 1222 ARAPAHO STREET JUPITER, FL 33458	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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.					
SIGNATURE: <i>Joseph Puza</i>		Date: 2-4-06		Daytime Phone #: 561-719-8942	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					