

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 18, 2007
Secretary of State

DOCUMENT# L04000008751

Entity Name: TILE BY THE BEST L.L.C.

Current Principal Place of Business:

2595 SOUTHOVER DR. NE
PALM BAY, FL 32905

New Principal Place of Business:

Current Mailing Address:

2595 SOUTHOVER DR. NE
PALM BAY, FL 32905

New Mailing Address:

720 CAROLIN ST
APT 105
MELBOURNE, FL 32901 US

FEI Number: 14-1902783 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BEST, KEVIN R
2595 SOUTHOVER DR. NE
PALM BAY, FL 32905 US

Name and Address of New Registered Agent:

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.

SIGNATURE: KEVIN R BEST

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KNIGHT, WALTER
Address: 2595 SOUTHOVER DR. NE
City-St-Zip: PALM BAY, FL 32905

Title: MGR () Delete
Name: BEST, ROBERT
Address: 2595 SOUTHOVER DR NE
City-St-Zip: PALM BAY, FL 32905

Title: MGR (X) Delete
Name: WASHINGTON, TANESHA
Address: 2595 SOUTHOVER DR NE
City-St-Zip: PALM BAY, FL 32905

Title: MGR (X) Delete
Name: BEST, KEVIN SR
Address: 2595 SOUTHOVER DR NE
City-St-Zip: PALM BAY, FL 32905

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT BEST

MGRM

10/18/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date