

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000008857

Entity Name: W W ROCK N TILE "LLC"

FILED  
Jan 14, 2007  
Secretary of State

**Current Principal Place of Business:**

3001 MONTICELLO PLACE  
104  
ORLANDO, FL 32835 US

**New Principal Place of Business:**

10166 BRANDON CIRCLE  
ORLANDO, FL 32836 US

**Current Mailing Address:**

15640 C.R. 455  
MONTVERDE, FL 34756 US

**New Mailing Address:**

10166 BRANDON CIRCLE  
ORLANDO, FL 32836 US

FEI Number: 20-0470692      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:**

WILMETH, RANDY C  
15640 C.R. 455  
MONTVERDE, FL 34756 US

**Name and Address of New Registered Agent:**

WILMETH, RANDY C  
10166 BRANDON CIRCLE  
ORLANDO, FL 32836 US

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: RANDY WILMETH

01/14/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: WILMETH, RANDY C  
Address: 15640 C.R. 455  
City-St-Zip: MONTVERDE, FL 34756 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: WILMETH, RANDY C  
Address: 10166 BRANDON CIRCLE  
City-St-Zip: ORLANDO, FL 32836 US

I hereby certify that the information supplied with this filing does not qualify for the 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: RANDY WILMETH

MGR

01/14/2007

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