

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000014082	
1. Entity Name SINGLETON TILE INSTALLATION LLC	



FILED

06 JAN 19 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 136 BO BO J. RD. CRAWFORDVILLE, FL 32327	Mailing Address 136 BO BO J. RD. CRAWFORDVILLE, FL 32327
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2. Principal Place of Business	3. Mailing Address P.O. Box 872
Suite, Apt. #, etc.	Suite, Apt. #, etc. Woodville
City & State	City & State Florida
Zip	Country
32362	Waukegan

01062006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0762067	Applied For Not Applicable
5. Certificate of Status Desired A	\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent SINGLETON, DAWN 136 BO BO J. RD. CRAWFORDVILLE, FL 32327	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 Dawn Singleton DATE Jan-18-2006

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

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SINGLETON, MARIO 136 BO BO J. RD. CRAWFORDVILLE, FL 32327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400064625314 01/27/06--01006--011 **\$5.00
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
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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: Dawn Singleton DATE 01-18-2006

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