

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000014082

**FILED**  
**Apr 16, 2010**  
**Secretary of State**

**Entity Name:** SINGLETON TILE INSTALLATION LLC

**Current Principal Place of Business:**

190 OLD WOODVILLE HWY.  
CRAWFORDVILLE, FL 32327

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 661  
WOODVILLE, FL 32362

**New Mailing Address:**

**FEI Number:** 20-0762067

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SINGLETON, MARIO L  
190 OLD WOODVILLE HWY.  
CRAWFORDVILLE, FL 32327 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SINGLETON, MARIO  
Address: 190 OLD WOODVILLE HWY.  
City-St-Zip: CRAWFORDVILLE, FL 32327

I hereby 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: MARIO SINGLETON

MGR

04/16/2010

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