

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90074 010 ****55.00

DOCUMENT # L04000014463

1. Entity Name

PHIL IRWIN ROCK AND TILE LLC



Principal Place of Business

6401 HOLLYWOOD BLVD
SARASOTA FL 34231
US

Mailing Address

6401 HOLLYWOOD BLVD
SARASOTA FL 34231
US

2. Principal Place of Business

6401 HOLLYWOOD BLVD

Suite, Apt. #, etc.

3. Mailing Address

6401 HOLLYWOOD BLVD

Suite, Apt. #, etc.

20004842



1st MOORE

CR2E083 (10/04)

City & State

SARASOTA FL

City & State

SARASOTA FL

4. FEL Number

593265209

Applied For

Not Applicable

Zip
34231

Country
USA

Zip
34231

Country
USA

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

IRWIN, PHIL
6401 HOLLYWOOD BLVD
SARASOTA FL 34231

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME IRWIN, PHIL
STREET ADDRESS 6401 HOLLYWOOD BLVD
CITY-ST-ZIP SARASOTA FL 34231

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Philip R. Irwin* PHILIP R. IRWIN

1.22.05

928 6870

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

Date

Daytime Phone #