## . 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

## **FILED** Apr 16, 2007 08:00 AM Secretary of State DOCUMENT # L04000014463 1. Entity Name PHIL IRWIN ROCK AND TILE LLC Principal Place of Business Mailing Address 6401 HOLLYWOOD BLVD SARASOTA FL 34231 US 6401 HOLLYWOOD BLVD SARASOTA FL 34231 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number Applied For 59-3265209 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Dosired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo IRWIN, PHIL Street Address (P.O. Box Number is Not Acceptable) 6401 HOLLYWOOD BLVD SARASOTA FL 34231 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, 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, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. THLE ШЩ Change ☐ Addition MGR ☐ Delete U00000712240 04/26/07-80038-006 55.00 IRWIN, PHIL NAME STREET ADDRESS 6401 HOLLYWOOD BLVD STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34231 CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP IIILE Defete HIGH Change Addillon 🔲 NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP Addition Delete ☐ Change HHE NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP RILE ☐ Delete □ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP IIILE ☐ Delete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-70P CITY-S1-2IP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; that I am a managing member or manager of the limited flability company or the receiver of visited empowered to execute this report as required by Chapter 608, Florida Statutes.

OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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