## **2005 LIMITED LIABILITY COMPANY**

## **ANNUAL REPORT**

## DOCUMENT # L04000014813 09-06-2005 90046 046 \*\*\*\*50.00 MANNION TILE, L.L.C. 20067755 Principal Place of Business Mailing Address 1480 JAMES STREET 1480 JAMES STREET NEW SMYRNA BEACH, FL 32168 NEW SMYRNA BEACH, FL 32168 2. Principal Place of Business 3.\_Mailing\_Address -Suite, Apt. #, etc. Suite, Apt. #, etc. 08262005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For D-0330 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MACK, JAMES E Street Address (P.O. Box Number is Not Acceptable) 1321 SAXON DRIVE NEW SMYRNA BEACH, FL 32168 City Zip Code FL 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 Filing Fee is \$50.00 Due by September 7, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition MANNION, JOHN NAME NAME STREET ADDRESS 1480 JAMES STREET STREET ADDRESS NEW SMYRNA BEACH, FL 32168 CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

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 expowered to execute this report as required by Chapter 608, Florida Statutes.

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

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Sep 06, 2005 8:00 am Secretary of State