

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000014813

1. Entity Name
MANNION TILE, L.L.C.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JAN 15 AM 11:32

Principal Place of Business
1480 JAMES ST
NEW SMYRNA BEACH, FL 32168

Mailing Address
1480 JAMES ST
NEW SMYRNA BEACH, FL 32168



2. Principal Place of Business - No P.O. Box #

4612 KATY DR.

Suite, Apt. #, etc.
NEW SMYRNA BCH FL.

City & State
NEW SMYRNA BCH FL.

Zip
32169

Country
U.S.

3. Mailing Address

4612 KATY DR.

Suite, Apt. #, etc.
NEW SMYRNA BCH FL.

City & State
NEW SMYRNA BCH FL.

Zip
32169

Country
U.S.

01082009 REIN-LLC

CR2E101 (1/07)

4. FEI Number
15-5500330

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MANNION, JOHN
1480 JAMES ST
NEW SMYRNA BEACH, FL 32168

7. Name and Address of New Registered Agent

Name
MANNION, JOHN

Street Address (P.O. Box Number is Not Acceptable)

4612 KATY DR.

City
NEW SMYRNA BCH FL

Zip Code
32169

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

John Mannion

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-10-09

FILE NOW!!! FEE IS \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
MANNION, JOHN
1480 JAMES STREET
NEW SMYRNA BEACH, FL 32168

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
MANNION JOHN
NEW SMYRNA BCH
4612 KATY DR.
FL 32169

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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REINSTATEMENT 2008-09

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:

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

Date

Daytime Phone #

John Mannion

1-10-09 386 690-0523