

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000015267

FILED
Mar 07, 2006
Secretary of State

Entity Name: YOUR WAY TILE & CUSTOM FLOORING LC

Current Principal Place of Business:

820 CATHERINE AVE
HOLLY HILL, FL 32117

New Principal Place of Business:

Current Mailing Address:

820 CATHERINE AVE
HOLLY HILL, FL 32117

New Mailing Address:

FEI Number: 59-3782076 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CIULLA, FRANK W
820 CATHERINE AVE
HOLLY HILL, FL 32117 US

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: FRANCIS W. CIULLA

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CIULLA, FRANK
Address: 820 CATHERINE AVE
City-St-Zip: HOLLY HILL, FL 32117

Title: MGRM (X) Delete
Name: POKU, JOHN
Address: 3 HIGHLAND RD
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM (X) Delete
Name: KITTRELL, JEFF
Address: 708 WALKER ST
City-St-Zip: HOLLY HILL, FL 32117

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: FRANCIS W. CIULLA

MGRM

03/07/2006

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