

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000017713

Entity Name: RONALD LANCE TILE LLC

FILED  
Apr 14, 2009  
Secretary of State

**Current Principal Place of Business:**

665 DEW DROP LN  
PIERSON, FL 32180

**New Principal Place of Business:**

**Current Mailing Address:**

665 DEW DROP LN  
PIERSON, FL 32180

**New Mailing Address:**

FEI Number: 34-1991238

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

LANCE, RONALD C  
665 DEW DROP LN  
PIERSON, FL 32180 US

**Name and Address of New Registered Agent:**

WARMACK, PATRICIA J  
665 DEW DROP LN  
PIERSON, FL 32180 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: PATRICIA J WARMACK

04/14/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LANCE, RONALD C  
Address: 665 DEW DROP LN  
City-St-Zip: PIERSON, FL 32180 US

Title: MGRM ( ) Delete  
Name: WARMACK, PATRICIA J  
Address: 665 DEW DROP LN  
City-St-Zip: PIERSON, FL 32180 US

**ADDITIONS/CHANGES:**

Title: P (X) Change ( ) Addition  
Name: WARMACK, PATRICIA J  
Address: 665 DEW DROP LN  
City-St-Zip: PIERSON, FL 32180 US

Title: V (X) Change ( ) Addition  
Name: LANCE, RONALD C  
Address: 665 DEW DROP LN  
City-St-Zip: PIERSON, FL 32180 US

I hereby certify that the information supplied with this filing does not qualify 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: PATRICIA WARMACK

P

04/14/2009

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