2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Aug 22, 2005 8:00 am

DOCUMENT # L04000019830 1. Entity Name TILE SETTER OF SARASOTA LLC						Secretary of State 08-22-2005 90187 009 ****50.00			
Principal Place of Business Mailing Address]			
637 CARUSO PLACE SARASOTA, FL 34237			637 CARUSO PLACE Sarasota, Fl. 34237			} {			
Principal Place of Business 3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.			} . 1 (1888) (0)) (0)) }	\$6411 B1311 B2211 B2311 B2)	EEED TA TEED
						08172005	Chg-LLC	CR2E083 (10/03)	
City & State			City & State			4. FEI Number			pplied For ot Applicable
Zip	Country		Zip Country		ntry	5. Certificate	of Status Desired	S5.00 Ad	ditional ed
6. Name and Address of Current Registered Agent					Name	7. Name and	Address of New F	legistered Agent	
CATANESE, CARLOS J 637 CARUSO PLACE					Street Address (P.O. Box Number is Not Acceptable)				
SARASOTA, FL 34237.									
					City Ziµ,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									
Signature, typed or printed name of registered agent and title 4 applicable. (NOTE: Registered Agent signature required when nainstating) OATE									
Filing Fee is \$50.00 Due by September 7, 2005						:	Mak	e check payable to Department of Stat	
9.	MGR	MANAGING MEMBER		10.			ADDITIONS/		-
RITLE NAME		SE, CARLOS J	☐ Delete	TITU.	1			☐ Change	Addition
STREET ADORESS City-St-Zip	637 CARUSO PLACE SARASOTA, FL 34237			STREET ADDRESS CITY-ST-ZIP					1
TITLE			☐ Delete	U	~ 1		11.	☐ Change	Addition
NAME Street Address.	1			NAM STRE	E Et adoress				
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TIFLE NAME			☐ Delete	- 11114		•		☐ Change	☐ Addition
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TITLE NAME]		☐ Delete	NAM	1			☐ Change	☐ Addition
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NAME CONCEST ASSURES	1		_	NAM	E i				
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS - ST- ZIP				
11. I hereby of indicated	certify that th I on this repo	e information supplied with the istrue and accurate and the	his filing does not qualify for nat my signature shall have	the exer	mption stated in Se e legal effect as if m	ction 119.07(3)(i	i), Florida Statutes. I that I am a manac	further certify that the i	nformation er of the
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 optrustee empowered to execute this report as required by Chapter 608, Florida Statutes.									
V 10 05 941 ROW-2017									

SIGNATURE: SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE