

# 2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000022046

1. Entity Name  
AMERICA'S TILE LLC



Principal Place of Business  
4431 BREWSTER RD.  
TALLAHASSEE, FL 32308

Mailing Address  
4431 BREWSTER RD.  
TALLAHASSEE, FL 32308

**FILED**

11 APR 22 PM 2:01

SECRETARY OF STATE  
TALLAHASSEE, FL 32304



04222011 REIN-LLC CR2E101 (1/07)

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
81-0648974

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DELGADO, ELIO  
4431 BREWSTER RD.  
TALLAHASSEE, FL 32308

Name

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

City

FL

Zip 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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$377.50**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
DELGADO, ELIO  
1126 MICCOSUKEE RD.  
TALLAHASSEE, FL 32308 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
DELGADO, JENRY  
10544 FAASH WAY  
TALLAHASSEE, FL 32311 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP  
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TITLE  
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000203784770  
04/25/11--01001--002 \*\*377.50 ☐ Change ☐ Addition

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☐ Change ☐ Addition

**REINSTATEMENT**

10-11 04/25/11

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 606, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #