

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 10, 2006 8:00 am
Secretary of State

08-10-2006 90041 001 ****50.00

DOCUMENT # L04000022531

1. Entity Name

FLORIDA TILE SOLUTIONS, LLC



Principal Place of Business
7117 SW ARCHER RD. #2826
GAINESVILLE FL 32608

Mailing Address
PO BOX 142771
GAINESVILLE FL 32614



2. Principal Place of Business
1215 NW 94 ST

3. Mailing Address
1215 NW 94 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd MOORE

CR2E083 (4/06)

City & State
GAINESVILLE FL

City & State
GAINESVILLE FL

4. FEI Number 20-0927169

Applied For
Not Applicable

Zip 32608 Country ALU

Zip 32608 Country ALU

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

6. Name and Address of Current Registered Agent

WILHELM, KENNETH J
7117 SW ARCHER ROAD
#2826
GAINESVILLE FL 32608

7. Name and Address of New Registered Agent

Name WILHELM, KENNETH J

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

1215 NW 94 ST

City GAINESVILLE

FL

Zip Code 32608

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

Kenneth J Wilhelm

8-9-06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By September 6, 2006

9. MANAGING MEMBERS / MANAGERS

TITLE MGR
NAME WILHELM, KENNETH J
STREET ADDRESS 7117 SW ARCHER RD #2826
CITY-ST-ZIP GAINESVILLE FL 32608

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CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE OWNER
NAME WILHELM, KENNETH J
STREET ADDRESS 1215 NW 94 ST
CITY-ST-ZIP GAINESVILLE FL 32608

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STREET ADDRESS
CITY-ST-ZIP

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:

Kenneth J Wilhelm

8-9-06

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

Date

Daytime Phone #