

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000022698

FILED
Nov 09, 2005
Secretary of State

Entity Name: T.W.S.T. TILE @ WOOD STYLES BY TIM GUESS, LLC

Current Principal Place of Business:

306 SAGO AVE
JACKSONVILLE, FL 32218 US

New Principal Place of Business:

165-1 COLE RD
JACKSONVILLE, FL 32218 US

Current Mailing Address:

306 SAGO AVE
JACKSONVILLE, FL 32218 US

New Mailing Address:

165-1 COLE RD
JACKSONVILLE, FL 32218 US

FEI Number: 58-9014225 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:

TIM, GUESS
306 SAGO AVE
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

TIM, GUESS
165-1 COLE RD
JACKSONVILLE, FL 32218 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: TIM GUESS

11/09/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GUESS, TIMOTHY L
Address: 306 SAGO AVE
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: MGRM (X) Delete
Name: GRAMTHEN, STEVEN M
Address: 505 COLE RD
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: MGRM (X) Delete
Name: GUITTAR, EVAN A
Address: 1516 DAKAR ST
City-St-Zip: JACKSONVILLE, FL 32205 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GUESS, TIMOTHY L
Address: 165-1 COLE RD
City-St-Zip: JACKSONVILLE, FL 32218 US

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 exemption stated in Section 119.07(3)(i), 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: TIM GUESS

MGRM

11/09/2005

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