

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90035 002 ****50.00

DOCUMENT # L04000025063

1. Entity Name

WOTHERSPOON TILE COMPANY, LLC



Principal Place of Business

576 COX ROAD
MONTICELLO, FL 32344

Mailing Address

576 COX ROAD
MONTICELLO, FL 32344

DO NOT WRITE IN THIS SPACE



03282006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WOTHERSPOON, KEITH A
576 COX ROAD
MONTICELLO, FL 32344

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee Is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME WOTHERSPOON, KEITH A
STREET ADDRESS 576 COX ROAD
CITY-ST-ZIP MONTICELLO, FL 32344

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Keith A. WOTHERSPOON

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

Date

Daytime Phone #

850
4-20-06 510-7390