

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-01-2005 90157 010 \*\*\*\*50.00

<b>DOCUMENT # L04000026494</b>			
<b>1. Entity Name</b> MOORE TILE L.L.C.			
<b>Principal Place of Business</b> 6236 WELLESLEY DR BRADENTON FL 34207		<b>Mailing Address</b> 6236 WELLESLEY DR BRADENTON FL 34207	
<b>2. Principal Place of Business</b> 6236 Wellesley Dr. Suite, Apt. #, etc.		<b>3. Mailing Address</b> 6236 Wellesley Dr. Suite, Apt. #, etc.	
<b>City &amp; State</b> Bradenton Florida Zip 34207 Country U.S.A.		<b>City &amp; State</b> Bradenton Florida Zip 34207 Country U.S.A.	
<b>6. Name and Address of Current Registered Agent</b> MOORE, ROBERT A 6236 WELLESLEY DR BRADENTON FL 34207		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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.</b>			
SIGNATURE: <u>Robert A Moore</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE: <u>3-20-2005</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$50.00</b> Make Check Payable to Florida Department of State Due By May 1, 2005			
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR MOORE, ROBERT A 6236 WELLESLEY DR BRADENTON FL 34207	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>11. 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 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.</b>			
SIGNATURE: <u>Robert A Moore</u> <u>Robert A Moore</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		DATE: <u>3-20-2005</u> <small>Daytime Phone #</small>	

30004011



1st MOORE CR2E083 (10/04)

4. FEI Number 592635265 Applied For ☐ Not Applicable ☒

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

FL Zip Code

3-20-2005

941-751-9596