


FILED
Apr 12, 2005 8:00 am
Secretary of State

20029790

DOCUMENT # L04000034540 1. Entity Name THACKER TILE LLC				 Secretary of State 04-12-2005 90020 011 ****50.00	
Principal Place of Business 8504 N. TALIAFERRO AVE TAMPA, FL 33604				Mailing Address 8504 N. TALIAFERRO AVE TAMPA, FL 33604	
2. Principal Place of Business 8504 N. TALIAFERRO AVE				3. Mailing Address SAME	
Suite, Apt. #, etc.				Suite, Apt. #, etc.	
City & State TAMPA FL				City & State	
Zip 33604		Country USA		Country	
6. Name and Address of Current Registered Agent THACKER, JOHN S 8504 N. TALIAFERRO AVE TAMPA, FL 33604				7. Name and Address of New Registered Agent Name John Thacker Street Address (P.O. Box Number is Not Acceptable) 8504 N. TALIAFERRO AVE City TAMPA FL Zip Code 33604	
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] DATE 4/4/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THACKER, JOHN		NAME		
STREET ADDRESS	8504 N. TALIAFERRO AVE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33604		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THACKER, JUNE		NAME		
STREET ADDRESS	8504 N. TALIAFERRO AVE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33604		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
SIGNATURE: [Signature]			DATE: 4/4/05 (813) 935-1515		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					