

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR -3 AM 8:35

DOCUMENT # L04000035507 1. Entity Name TILE MAINTENANCE SERVICES LTD. CO.			
Principal Place of Business 5001 SW 20TH ST. 5305 OCALA, FL 34474 US		Mailing Address 5001 SW 20TH ST. 5305 OCALA, FL 34474 US	
2. Principal Place of Business 6 Fir Trail Course Suite, Apt. #, etc.		3. Mailing Address 6 Fir Trail Course Suite, Apt. #, etc.	
City & State Ocala, FL		City & State Ocala FL	
Zip 34472		Zip 34472	
Country USA		Country USA	
4. FEI Number 113714389		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent VAN RIPER, JAMES W 5001 SW 20TH ST. 5305 OCALA, FL 34474		7. Name and Address of New Registered Agent Name VAN RIPER, JAMES W Street Address (P.O. Box Number is Not Acceptable) 6 Fir Trail Course City Ocala FL Zip Code 34472	
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 <u>James W. Van Riper</u> DATE <u>2/21/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VAN RIPER, JAMES W 5001 SW 20TH ST. APT. 5305 OCALA, FL 34474	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VAN RIPER, JAMES W. 6 Fir Trail Course Ocala, FL 34472
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
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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: <u>James W. Van Riper</u>		DATE: <u>2/21/06</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DAYTIME PHONE: <u>352 680 0772</u>	