

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90030 021 ****50.00

DOCUMENT # L04000037163

1. Entity Name

SHAWN NEWSOME TILE, LLC



Principal Place of Business

20584 NE JOHN REDD RD.
BLOUNTSTOWN FL 32424

Mailing Address

20584 NE JOHN REDD RD.
BLOUNTSTOWN FL 32424

2. Principal Place of Business

2554 Park Ave.

3. Mailing Address

2554 Park Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Afford FL

City & State

Afford FL

Zip

32420

Country

SACKSON

Zip

32420

Country

SACKSON

6. Name and Address of Current Registered Agent

NEWSOME, SHAWN
20584 NE JOHN REDD RD.
BLOUNTSTOWN FL 32424

7. Name and Address of New Registered Agent

Name SHAWN Newsom

Street Address (P.O. Box Number is Not Acceptable)

2554 Park Ave.

City Afford

FL

Zip Code 32420

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

Shawn R. Newsom

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS

TITLE P
NAME NEWSOM, SHAWN
STREET ADDRESS 20534 HR JOHN REDDY POINT
CITY-ST-ZIP BLOUNTSTOWN FL 32424

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STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS / CHANGES

TITLE Sole Proprietor.
NAME SHAWN Newsom
STREET ADDRESS 2554 Park Ave.
CITY-ST-ZIP Afford FL 32420

TITLE
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STREET ADDRESS
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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Shawn R. Newsom

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

Date

Daytime Phone #

1-23-06 80674-9711