

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000044805

1. Entity Name
TOP-NOTCH TILE LLC



Principal Place of Business
5810 BOMBADIL CT
TALLAHASSEE, FL 32303

Mailing Address
5810 BOMBADIL CT
TALLAHASSEE, FL 32303

2. Principal Place of Business
3137 CONNECTOR DR.
Suite, Apt. #, etc.
NONE

3. Mailing Address
3137 CONNECTOR DR.
Suite, Apt. #, etc.
NONE

City & State
TALL. FL.

City & State
TALL. FL.

Zip
32303

Country
USA

Zip
32303

Country
USA

02142006 Chg-LLC CR2E083 (11/05)

4. FEI Number
06-1704426

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SINGLETARY, GENE
5810 BOMBADIL CT
TALLAHASSEE, FL 32303

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SINGLETARY, GENE
5810 BOMBADIL CT
TALLAHASSEE, FL 32303 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
REGISTER, BRIAN
5810 BOMBADIL CT
TALLAHASSEE, FL 32303 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BRYAN AUSTIN
3137 CONNECTOR DR.
TALL. FL. 32303 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200066198762
02/20/06--01035--003 **50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

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

2-14-06 (850) 322-2220

Date

Daytime Phone #