

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000044805

1. Entity Name
TOP-NOTCH TILE LLC



Principal Place of Business
3137 CONNECTOR DR.
TALLAHASSEE, FL 32303

Mailing Address
3137 CONNECTOR DR.
TALLAHASSEE, FL 32303

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04032007 Chg-LLC CR2E083 (12/06)

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

7. Name and Address of New Registered Agent

SINGLETARY, GENE
5810 BOMBADIL CT
TALLAHASSEE, FL 32303

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, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☐ Addition
NAME 800096330018
STREET ADDRESS 04/10/07--01027--012 **50.00
CITY-ST-ZIP

TITLE MGRM ☒ Delete
NAME AUSTIN, GARY
STREET ADDRESS 3137 CONNECTOR DR.
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE ☐ Change ☒ Addition
NAME MGRM
STREET ADDRESS ADAM BLANTON
CITY-ST-ZIP 3137 CONNECTOR DR
TALLAHASSEE, FL 32303

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

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

Date

Daytime Phone #

4-3-07 (850) 322-2220

FILED

07 APR -3 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

