

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90089 022 ****50.00

DOCUMENT # L04000045318

1. Entity Name

LAWSON TILE, LLC



Principal Place of Business

19901 THE GRANADA
DUNNELLON FL 34432
US

Mailing Address

19901 THE GRANADA
DUNNELLON FL 34432
US



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

1st MOORE

CR2E083 (10/06)

4. FEI Number

20-1249149

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

LAWSON, ALAN
5851 SW 63RD LANE ROAD
OCALA FL 34476

Name

LAWSON ALAN

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

19901 The Granada

City

DUNNELLON

FL

Zip Code

34432

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 reissuing)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
MGRM
LAWSON, ALAN
19901 THE GRANADA
DUNNELLON FL 34432 ☐ Delete

TITLE
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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:

Alan Lawson

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

J26C

Daytime Phone #

1/19/07