

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000046389

FILED
Jul 20, 2006
Secretary of State

Entity Name: A+ TILE CRAFTERS, LLC

Current Principal Place of Business:

607 EAST OAK STREET
ARCADIA, FL 34266 US

New Principal Place of Business:

Current Mailing Address:

607 EAST OAK STREET
ARCADIA, FL 34266 US

New Mailing Address:

FEI Number: 20-1359832 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WOLCOTT, DIANE C RA
607 EAST OAK STREET
ARCADIA, FL 34266 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WOLCOTT, BENJAMIN R MGRM
Address: 607 EAST OAK STREET
City-St-Zip: ARCADIA, FL 34266 US

Title: MGRM () Delete
Name: WOLCOTT, THOMAS G MGRM
Address: 4300 WECOMA AVENUE
City-St-Zip: NORTH PORT, FL 34287 US

Title: MGRM () Delete
Name: WOLCOTT, JONATHAN D MGRM
Address: 607 EAST OAK STREET
City-St-Zip: ARCADIA, FL 34266 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WOLCOTT, BENJAMIN R MGRM
Address: 3305 WEST FISHER ROAD
City-St-Zip: AVON PARK, FL 33825 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: WOLCOTT, JONATHAN D MGRM
Address: 2350 NW HOWARD AVENUE
City-St-Zip: ARCADIA, FL 34266 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BENJAMIN R WOLCOTT

MGRM

07/20/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date