

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000046389

FILED
Jan 14, 2009
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:

4300 WECOMA AVENUE
NORTH PORT, FL 34287 US

Current Mailing Address:

607 EAST OAK STREET
ARCADIA, FL 34266 US

New Mailing Address:

4300 WECOMA AVENUE
NORTH PORT, FL 34287 US

FEI Number: 20-1359832 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

WOLCOTT, THOMAS G RA
4300 WECOMA AVENUE
NORTH PORT, FL 34287 US

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: THOMAS G WOLCOTT

01/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WOLCOTT, BENJAMIN R MGRM
Address: 3305 WEST FISHER ROAD
City-St-Zip: AVON PARK, FL 33825 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: 2350 NW HOWARD AVENUE
City-St-Zip: ARCADIA, FL 34266 US

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: THOMAS G WOLCOTT

MGRM

01/14/2009

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