

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000046389

**FILED**  
**Apr 28, 2012**  
**Secretary of State**

**Entity Name:** WOLCOTT CUSTOM TILE AND STONE LLC

**Current Principal Place of Business:**

4300 WECOMA AVENUE  
NORTH PORT, FL 34287 US

**New Principal Place of Business:**

**Current Mailing Address:**

4300 WECOMA AVENUE  
NORTH PORT, FL 34287 US

**New Mailing Address:**

FEI Number: 20-1359832

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WOLCOTT, THOMAS G  
4300 WECOMA AVENUE  
NORTH PORT, FL 34287 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  
Name: WOLCOTT, BENJAMIN R MGRM  
Address: 3305 WEST FISHER ROAD  
City-St-Zip: AVON PARK, FL 33825 US

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

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

I hereby 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

04/28/2012

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