

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 01, 2005 8:00 am
Secretary of State

09-01-2005 90052 013 ****55.00

DOCUMENT # L04000050302

1. Entity Name

T&W TILE INSTALLATIONS, LLC



Principal Place of Business

HC5 BOX 40
OLD TOWN FL 32680

Mailing Address

HC5 BOX 40
OLD TOWN FL 32680

2. Principal Place of Business

602 NE 434th St

Suite, Apt. #, etc.

3. Mailing Address

602 NE 434th St

Suite, Apt. #, etc.

City & State

Old Town, FL

Zip

32680

Country

Dixie

City & State

Old Town, FL

Zip

32680

Country

Dixie

4. FEI Number

201451622

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

2nd MOORE

CR2E083 (5/05)



6. Name and Address of Current Registered Agent

KIMBERLIN, DWAYNE T
HC5 BOX 40
OLD TOWN FL 32680

7. Name and Address of New Registered Agent

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

Dwayne T. Kimberlin
Signature typed or printed name of registered agent and title is applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 7, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME KIMBERLIN, DWAYNE T
STREET ADDRESS HC5 BOX 40
CITY-ST-ZIP OLD TOWN FL 32680

TITLE MGR ☐ Delete
NAME SCHEFFLER, WILLIS
STREET ADDRESS HC5 BOX 41
CITY-ST-ZIP OLD TOWN FL 32680

TITLE MGRM ☒ Delete
NAME KIMBERLIN, KRISTINA G
STREET ADDRESS HC5 BOX 40
CITY-ST-ZIP OLD TOWN FL 32680

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☒ Addition
NAME Mangament
STREET ADDRESS Charles Robinette
CITY-ST-ZIP 1323 NE 743rd St.
Old Town, FL 32680

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

TITLE ☐ Change ☐ Addition
NAME
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 exemption stated in Section 119.07(3)(i), 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:

Dwayne T. Kimberlin