## ---2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L0400051448  1. Entity Name WES SCHWEINSBERG TILE LLC							A				
					100		06 MAY -3	PM 2:	52		
Principal Place of Business 2775 CATHEDRAL DR #332 TALLAHASSEE, FL 32310			Mailing Address 2775 CATHEDRAL DR #332 TALLAHASSEE, FL 32310				SECRETARY OF STATE TALLAHASSEE, FLORIDA				
2. Principal Pl	lace of Busir	ness	3. Mailing Address								
Tallahassee			2775 Cathedral Drive			119848111	h) abili bibli balii bbiii bbi	II ARIAH BHALI 1	IN II <b>Sin</b> II <b>Vine</b> i 1819	<b>                                    </b>	
Suite, Apt. #, etc.			Suite, Apt. #, etc. # 33 2			05022006	REIN-LLC	CR2E	101 (11/05)		
City & State			City & State Tallahassee, FL 32310			4. FEI Numb	<u> </u>	6	<del></del>	Applicable	
Zip	Country		Zip 32310 Coun			5 Certificate of Status Desired \$5		\$5.00 Addi Fee Required	5.00 Additional se Required		
	6. Name	and Address of Current	Registered Agent		Name	7. Name an	d Address of New R	egistered	Agent		
SCHWEIN				Street Address (P.O. Box Number is Not Acceptable)							
2775 CATE TALLAHAS			Sueec Av			7(1.G. DOX 17G.114		·,			
					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 agents  SIGNATURE LULL UNDER OF printed name of registered agent and title (jetopylable. (NOTE: Registered Agent signature required when reinstricting)  DATE											
FILE	NOW!!!	FEE IS \$100.00	607.1 ot red	93(2)(b), F.S., beive the prior r	the limited notice.			payable to nent of State			
9.	440014	MANAGING MEMBI				ADDITIONS	CHANGE				
TITLE NAME	MGRM SCHWEINSBERG, WES		Delete	TITLI					☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	ESS 2775 CATHEDRAL DR #332 TALLAHASSEE, FL 32310				ET ADDRESS - ST-ZIP						
TITLE	☐ Delete Ti		TITU					☐ Change	Addition		
name Street address				NAME STREE		0" "	900074087779				
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NAME STREET ADDRESS				NAM STRE	ET ADDRESS						
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NAME				NAME					-		
STREET ADDRESS CITY-ST-ZIP					EET AODRESS '-ST-ZIP						
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.											
11 16 10 0000											
SIGNATURE: 4 les Skruins 05/02/06 850-509-0710											