

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90431 024 ****50.00

DOCUMENT # L04000060903

1. Entity Name

MB'S TILE & STONE, LLC



Principal Place of Business

**4484 ROSEA CT.
NAPLES FL 34104**

Mailing Address

**P.O. BOX 1923
NAPLES FL 34106**

2. Principal Place of Business

4570 17th CT SW

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 1923

Suite, Apt. #, etc.

City & State

NAPLES, FL

Zip

34116

Country

USA

City & State

NAPLES, FL

Zip

34106

Country

USA

4. FEI Number

20-1509857

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BARTON, MICHAL
4484 ROSEA CT
NAPLES FL 34104**

7. Name and Address of New Registered Agent

Name **BARTON MICHAL**

Street Address (P.O. Box Number is Not Acceptable)

4570 17th CT SW

City **NAPLES**

FL

Zip Code **34116**

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

[Signature]
Signature, typed or printed name of registered agent and title if applicable

MGRM MICHAL BARTON

(NOTE: Registered Agent signature required when reinstating)

02-15-06

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☒ Delete
NAME **BARTON, MICHAL**
STREET ADDRESS **4484 ROSEA COURT**
CITY-ST-ZIP **NAPLES FL 34104**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **MGRM** ☒ Change ☐ Addition
NAME **BARTON, MICHAL**
STREET ADDRESS **4570 17th CT SW**
CITY-ST-ZIP **NAPLES FL 34116**

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

[Signature] **MGRM MICHAL BARTON**

02-15-06

239-404 3564

Date

Daytime Phone #