

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Feb 12, 2008 8:00 am**  
**Secretary of State**

02-12-2008 90063 032 \*\*\*138.75

**DOCUMENT # L04000060903**

1. Entity Name

**MB'S TILE & STONE, LLC**



Principal Place of Business

**4570 17TH CT SW  
NAPLES FL 34116**

Mailing Address

**PO BOX 1923  
NAPLES FL 34106**

2. Principal Place of Business - No P.O. Box #  
**3010 GOLDEN GATE BLVD W**

3. Mailing Address  
**3010 GOLDEN GATE BLVD W**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**NAPLES FL**

City & State

**NAPLES FL**

Zip  
**34120**

Country  
**USA**

Zip  
**34120**

Country  
**USA**

4. FEI Number  
**20-1509857**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

1st MOORE CR2E083 (10/07)



**6. Name and Address of Current Registered Agent**

**BARTON, MICHAL  
4570 17TH CT SW  
NAPLES FL 34116**

**7. Name and Address of New Registered Agent**

Name  
**BARTON MICHAL**

Street Address (P.O. Box Number is Not Acceptable)  
**3010 GOLDEN GATE BLVD W**

City  
**NAPLES**

FL

Zip Code  
**34120**

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]*

**MGRM MICHAL BARTON**

**02/05/08**

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BARTON, MICHAL 4570 17TH CT SW NAPLES FL 34116	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS / CHANGES**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BARTON, MICHAL 3010 GOLDEN GATE BLVD W NAPLES FL 34120	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PENA, DORA A 3010 GOLDEN GATE BLVD W NAPLES FL 34120	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]*

**MGRM MICHAL BARTON**

**02/05/08**

**239-404-3564**

(Signature and typed or printed name of signing managing member, manager, or authorized representative)

Date

Daytime Phone #