

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

9/9/2005-90116-018-\$50.00-\$50.00

FILED

DOCUMENT # L04000091763 1. Entity Name THOMAS GAFFNEYS TILE, LLC						2005 OCT 17 PM 12: 24 SECRETARY OF STATE TALLAHASSEE, FLORIDA																									
Principal Place of Business 1005 S NEW YORK AVE APT 1 LAKE LAND, FL 33803				Mailing Address 1005 S NEW YORK AVE APT 1 LAKE LAND, FL 33803																											
2. Principal Place of Business		3. Mailing Address		20068058 07082005 Chg-LLC CR2E083 (10/03)																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																													
City & State		City & State																													
Zip	Country	Zip	Country																												
4. FEI Number 20-1973784				Applied For ☒ Not Applicable																											
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent GAFFNEY, THOMAS P 1005 S NEW YORK AVE APT 1 LAKE LAND, FL 33803																											
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: <u>Thomas P. Gaffney</u> 7/8/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)																											
Filing Fee is \$50.00 Due by September 7, 2005 MANAGING MEMBER				Make check payable to Florida Department of State																											
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP PRESIDENT THOMAS-P. GAFFNEY 1005 S. NY AVE LAKE LAND FL #1 33803 </td> <td style="width: 50%; padding: 2px;"> ☐ Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> </tr> </table>				TITLE NAME STREET ADDRESS CITY - ST - ZIP PRESIDENT THOMAS-P. GAFFNEY 1005 S. NY AVE LAKE LAND FL #1 33803	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	☐ Delete	10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="width: 50%; padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> </tr> </table>				TITLE NAME STREET ADDRESS CITY - ST - ZIP 	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	☐ Change ☐ Addition
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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: <u>Thomas P. Gaffney</u> 7/8/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																															