

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000026509

Entity Name: A+ CERAMIC & STONE, LLC

FILED  
Sep 01, 2006  
Secretary of State

**Current Principal Place of Business:**

11411 SE FEDERAL HWY  
#74  
HOBE SOUND, FL 33455 US

**New Principal Place of Business:**

**Current Mailing Address:**

11411 SE FEDERAL HWY  
#74  
HOBE SOUND, FL 33455 US

**New Mailing Address:**

FEI Number: 20-2510723      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**      **Name and Address of New Registered Agent:**

ENSINGER, MELISSA  
11411 SE FEDERAL HWY  
#74  
HOBE SOUND, FL 33455 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ENSINGER, VERN  
Address: 11411 SE FEDERAL HWY, #74  
City-St-Zip: HOBE SOUND, FL 33455 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Delete  
Name: ENSINGER, MELISSA  
Address: 11411 SE FEDERAL HWY, #74  
City-St-Zip: HOBE SOUND, FL 33455 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MELISSA ENSINGER

MGR

09/01/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date