

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000026571

FILED
Jul 05, 2009
Secretary of State

Entity Name: J P CUSTOM TILE & WOOD FLOORS LLC

Current Principal Place of Business:

148 GULL DR. SOUTH
DAYTONA BEACH, FL 32119

New Principal Place of Business:

Current Mailing Address:

148 GULL DR. SOUTH
DAYTONA BEACH, FL 32119

New Mailing Address:

FEI Number: 02-9709189 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

JOHN, POKU
148 GULL DR. SOUTH
DAYTONA BEACH, FL 32119 US

Name and Address of New Registered Agent:

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: P () Delete
Name: POKU, JOHN
Address: 59 S ST ANDREWS DR
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGR () Delete
Name: HAINES, AMY L
Address: 148 GULL DR. SOUTH
City-St-Zip: DAYTONA BEACH, FL 32119

Title: MGR (X) Delete
Name: CARLSON, CHARLES E
Address: 913 TRACY ST.
City-St-Zip: HOLLY HILL, FL 32117

ADDITIONS/CHANGES:

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

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

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: AMY L. HAINES

MGR

07/05/2009

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