

JAN-04-2006 15:50

JOHN R RUSSO

## ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90063 049 \*\*\*\*\*55.00

DOCUMENT # L05000031119

1. Entity Name  
 JORG'S GERMAN TILING SERVICE, L.L.C.



Principal Place of Business  
 347 GOLDEN SANDS DRIVE, UNIT B  
 SARASOTA, FL 34232-1532

Mailing Address  
 P.O. Box 10871  
 Bradenton, FL 34282

60001000



01042006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
 43-2091956

Applied For  
 Not Applicable

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

## 6. Name and Address of Current Registered Agent

LEFFLER, JORG  
 4601 66TH STREET WEST, NO. 914-B  
 BRADENTON, FL 34210

## 7. Name and Address of New Registered Agent

Name  
 LEFFLER, JORG  
 Street Address (P.O. Box Number is Not Acceptable)  
 4601 66th St. W. # 1414-B  
 City  
 BRADENTON FL Zip Code  
 34210

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00  
 Due by May 1, 2006

Make check payable to  
 Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 MGR  
 LEFFLER, JORG  
 4601 66TH STREET WEST, NO. 914-B  
 BRADENTON, FL 34210 ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
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## 10. ADDITIONS/CHANGES

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 MGR  
 LEFFLER, JORG  
 4601 66th St. W. # 1414-B  
 BRADENTON, FL 34210 ☒ 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 exemptions contained in Chapter 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

Date

Daytime Phone #

Jorg Leffler 01-06-06 941-524-8566