

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000034442		
1. Entity Name DEREK'S CUSTOM TILE AND MARBLE. L.L.C.		

Principal Place of Business 532 KINGS CREEK CIRCLE STEINHATCHEE, FL 32359 <i>902 S.E. Ind. Ave.</i>	Mailing Address 4856 895 SW 361 HWY STEINHATCHEE, FL 32359
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent KARAGEORGE, DEREK R 532 KINGS CREEK CIRCLE STEINHATCHEE, FL 32359	
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4. FEI Number 20-3695436		Applied For Not Applicable
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required		

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KARAGEORGE, DEREK R PO BOX 283 STEINHATCHEE, FL 32359 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KARAGEORGE, GEORGE R PO BOX 323 STEINHATCHEE, FL 32359 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby indicate limited li _____ the information manager of the

SIGNATURE: <u>Derek R. Karageorge</u>	Date: <u>06-28-09</u>	Daytime Phone #
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FILED
09 JUN -9 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03272008 Chg-LLC CR2E083 (12/06)

REINSTATEMENT

300156791913
06/04/09--01037--001 **143.75

S. HAWKES
JUN 10 2009
EXAMINER