

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 21, 2006 8:00 am
Secretary of State

07-21-2006 90085 012 ****50.00

DOCUMENT # L05000039407

1. Entity Name

THE CERAMIC TILE GUY LLC



Principal Place of Business

Mailing Address

10627 169 ROAD
LIVE OAK FL 32060
US

10627 169 ROAD
LIVE OAK FL 32060
US

0352424



2. Principal Place of Business

1752 8th AVE

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Wellborn FL

City & State

4. FEI Number

20-2738005

Applied For

Not Applicable

Zip

33094

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

2nd MOORE

CR2E083 (4/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STOERKEL, STEPHEN J
10627 169 ROAD
LIVE OAK FL 32060

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

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

(NOTE: Registered Agent signature required when reinstating)

07/17/06

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 6, 2006

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE MGRM
NAME STOERKEL, STEPHEN J
STREET ADDRESS 10627 169 ROAD
CITY - ST - ZIP LIVE OAK FL 32060 ☐ Delete

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

TITLE MGRM
NAME STOERKEL, AMI B
STREET ADDRESS 10627 169 ROAD
CITY - ST - ZIP LIVE OAK FL 32060 ☐ Delete

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

TITLE MGRM
NAME POSTON, JAMES B
STREET ADDRESS 6651 57TH PLACE
CITY - ST - ZIP LIVE OAK FL 32060 ☐ Delete

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

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NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

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

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 *

Stephen Stoerkel

Stephen Stoerkel

07/17/06