

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000055678

**Entity Name:** LAMBERT'S CUSTOM TILE LLC

**FILED**  
**Nov 10, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

6105 ST RD 11  
DELEON SPRINGS, FL 32130

**New Principal Place of Business:**

**Current Mailing Address:**

6105 ST RD 11  
DELEON SPRINGS, FL 32130

**New Mailing Address:**

FEI Number: 38-6029203      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:**

LAMBERT, ROSS  
6105 ST. RD 11  
DELEON SPRINGS, FL 32130 US

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

ALL FLORIDA FIRM, INC.  
465 S VOLUSIA AVE  
SUITE C  
ORANGE CITY, FL 32763 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: DEVIN NEWMAN- ASSISTANT SECRETARY

11/10/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LAMBERT, ROSS  
Address: 6105 ST. RD 11  
City-St-Zip: DELEON SPRINGS, FL 32130

**ADDITIONS/CHANGES:**

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: ROSS LAMBERT

MGRM

11/10/2006

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