

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 10, 2008 8:00 am
Secretary of State

09-10-2008 90032 005 ***538.75

DOCUMENT # L05000062322 1. Entity Name G & M TILE LLC			
Principal Place of Business 7833 NW 20TH DRIVE GAINESVILLE, FL 32653		Mailing Address 7833 NW 20TH DRIVE GAINESVILLE, FL 32653	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1175 Suite, Apt. #, etc.	
City & State ALACHUA, FL		City & State ALACHUA, FL	
Zip 32616-1175	Country USA	4. FEI Number 34-2050174	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent KELLEY, GARY M 7833 NW 20TH DRIVE GAINESVILLE, FL 32653		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 reconstituting) DATE _____			
FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KELLEY, GARY M 7833 NW 20TH DRIVE GAINESVILLE, FL 32653 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:		Date: 9/3/08 Daytime Phone #: 352-222-4973	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			