## **LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)**

## FILED Apr 10, 2006 8:00 am Secretary of State

3/30/2006

352-351-4508 Daytime Phone #

DOCUMENT # LOSOCO 80179  1. Entity Name					04-10-2006 90044 005 ****50.00				
•	tyles, L.L.C.								
<b></b>	DO NOT WRITE	E IN THIS SP	PACE	<u> </u>		20027	122		
	Place of Business	3. Mailing Address							
10693 Northeast 36th Avenue Saite, Apt. #, etc		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State				4. FEI Number Applied For 036-52-5594 Not Applicable			
Anthony, FL Zip Country 32617 USA		Zip Co		untry		ite of Status Desired		\$5.00 Additional Fee Required	
32617	JUSA			<u> </u>	7. Name and	Address of Curr			
	* * * * * * * * * * * * * * * * * * *				Name Cynthia L. Greene				
ı	DO NOT W	RITF			Address (P.O. Box Number is Not Acceptable)				
	- <del></del> - —		10693 Northe			-			
	IN THIS SP	ACE							
ı				City			FL	Zip Code	
	ve named entity submits t			Anthony	** ***	1 - 60		32617	
in the St							<u></u>		
	Signature, typed or printe	ed name of registere	<u>ed agen</u>	t and title if ap	plicable.			DATE	
			ck Payab	IS \$50.00 le to Department BY MAY 1	of State				
9.	MANAGING MEMBERS	/MANAGERS	7(7)						
TITLE NAME	Managing Member Cynthia L. Greene			TITLE NAME					
STREET ADDRESS	10693 Northeast 36th A	venue		EET ADDRESS					
CITY-ST-ZIP	Anthony, Florida 32617	7		/-ST-ZIP					
TITLE			TITL NAM	1					
NAME STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP		,		r-ST-ZIP					
TITLE			πι	E T		19.44			
NAME			NAN	1					
STREET ADDRESS CITY-ST-ZIP				EET ADORESS		DO NOT	WRI <sup>*</sup>	TE	
TITLE			пп	.E		IN THIS	SDAC	<b>`</b> E	
NAME			NAA	<b>I</b>		11 1113	21 W	<i>-</i>	
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP	<del> </del>		TITL	Y-ST-ZIP E				· ·	
NAME			NAM	I					
STREET ADDRESS			STR	EET ADDRESS					
CITY-ST-ZIP				Y-ST-ZIP					
TITLE			TITU						
NAME STREET ADDRESS			. 1	LEET ADORESS					
CITY-ST-ZIP		·		Y-ST-ZIP		<u>-</u>			
11, I hereby ce	rtify that the information supplied	with this filing does not qu	alify for th	e exemption stated	in Section 119.	07(3)(i), Florida Statu	ites. I furth	ner certify that the	
information	indicated on this report is true an r of the limited liability company or	d accurate and that my sig	anature sh	nall have the same	legal effect as if	made under oath; the	atiam a n	nanaging member	