

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 02, 2006 8:00 am
Secretary of State

08-02-2006 90048 001 ****50.00

DOCUMENT # L05000102061					
1. Entity Name TOP NOTCH CERAMIC TILE, LLC					
Principal Place of Business 3533 DOVETAIL LN. S. LAKELAND, FL 33813			Mailing Address 3533 DOVETAIL LN. S. LAKELAND, FL 33813		
2. Principal Place of Business 4034 April St N Suite, Apt. #, etc.		3. Mailing Address 4034 April St. N. Suite, Apt. #, etc.			
City & State Lakeland, FL		City & State Lakeland, FL		4. FEI Number 26-0130066	
Zip 33813		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KLEBSCH, LAURA 3533 DOVETAIL LN. S. LAKELAND, FL 33813			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4034 April St N City Lakeland FL Zip Code 33813		
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 <u>Laura I Klebsch</u> <u>Laura I Klebsch</u> <u>7-28-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARCE, MARCO 3533 DOVETAIL LN. S. LAKELAND, FL 33813	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	4034 April Street N. Lakeland, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KLEBSCH, LAURA 3533 DOVETAIL LN. S. LAKELAND, FL 33813	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	4034 April Street N. Lakeland, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KLEBSCH, LAURA 3533 DOVETAIL LN. S. LAKELAND, FL 33813	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	4034 April Street N. Lakeland, FL 33813
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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: <u>Man Ag</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<u>7-28-06</u> <u>863-397-5665</u> <small>Date Daytime Phone #</small>	