

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90025 014 \*\*\*\*50.00

**DOCUMENT # L05000102316**

1. Entity Name

J C TILE COMPANY LLC



Principal Place of Business

525 PINEHURST COVE  
KISSIMMEE FL 34758

Mailing Address

525 PINEHURST COVE  
KISSIMMEE FL 34758

2. Principal Place of Business

323 Heritage Blvd.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)



City & State

Vero Beach, FL

Zip

32906

Country

U.S.

City & State

Zip

Country

4. FEI Number

20-3704065

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CUBITO, JOSEPH  
525 PINEHURST COVE  
KISSIMMEE FL 34758

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

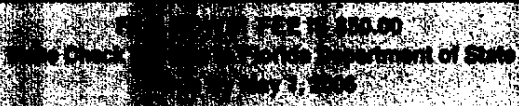
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE



9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME CUBITO, JOSEPH  
STREET ADDRESS 525 PINEHURST COVE  
CITY - ST - ZIP KISSIMMEE FL 34758 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

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10. ADDITIONS/CHANGES

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

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Joseph F Cubito Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/23/06

Date

772-567-1032

Daytime Phone #