


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 08, 2007 8:00 am
Secretary of State

04-20-2007 90030 023 ****50.00

DOCUMENT # L06000008986	
1. Entity Name GATOR TILE AND DECOR' LLC	

Principal Place of Business 4424 B 60TH ST CT W BRADENTON, FL 34210	Mailing Address 4424 B 60TH ST CT W BRADENTON, FL 34210
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30010227



2. Principal Place of Business - No P.O. Box # 4424 B 60 ST CT W	3. Mailing Address 4424 60 ST. CT. W.
Suite, Apt. #, etc. #B	Suite, Apt. #, etc. #B
City & State Bradenton, FL	City & State Bradenton FL
Zip 34210	Country Manatee

04162007 Chg-LLC CR2E083 (12/06) **Current #**

20-4193858 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**SHELDON, JO A
4424 B 60TH ST CT W
BRADENTON, FL 34210**

7. Name and Address of New Registered Agent **No New 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 *J. A. Sheldon Kinley* DATE **4-16-07**

Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when renewing)

Filing Fee is \$50.00 Due by May 3, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KINLEY, NORMAN 4424 B 60TH ST CT W BRADENTON, FL 34210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *J. A. Sheldon Kinley* DATE **4-16-07**

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

ATTACHMENT

30010227

#L06000008986

6/6/07

Hi - Here is
the information
you requested.
Sorry for the
delay. The money
has been sent
earlier. Thank you J