

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000010887

1. Entity Name  
BK TILE, LLC



**FILED**

08 FEB 14 PM 4:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1403 SPRING CREEK HWY  
CRAWFORDVILLE, FL 32327 US

Mailing Address  
1403 SPRING CREEK HWY  
CRAWFORDVILLE, FL 32327 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

67

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02142008 REIN-LLC CR2E101 (1/07)

City & State

City & State

4. FEI Number

20-4222553

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRAY, BENJAMIN  
1403 SPRING CREEK HWY  
CRAWFORDVILLE, FL 32327

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

*Benjamin D. Gray*

(NOTE: Registered Agent signature required when reinstating)

DATE

2-14-08

**FILE NOW!!! FEE IS \$277.50**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
GRAY, BENJAMIN  
1403 SPRING CREEK HWY  
CRAWFORDVILLE, FL 32327 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition  
700118440437  
02/20/08--01022--013 \*\*\$277.50

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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:

*Benjamin D. Gray*

2-14-08

Date

Daytime Phone #

REINSTATEMENT

2007-2008