


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90251 002 ****50.00

DOCUMENT # L06000033474	
1. Entity Name JOE KENNEDY TILE L.L.C.	

Principal Place of Business 8397 VERANO ST. NAVARRE, FL 32566 US	Mailing Address 8397 VERANO ST. NAVARRE, FL 32566 US
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60047799

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04302007 Chg-LLC CR2E083 (12/06)

4. FEI Number 595263927	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KENNEDY, JOSEPH R 8397 VERANO ST. NAVARRE, FL 32566	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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
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

**MG M
JOSEPH R. KENNEDY
8397 VERANO ST
NAVARRE FL 32566**

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 *Joseph R. Kennedy Jr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-30-2007 850 336-2628
Date Daytime Phone #

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Division of Corporations

Annual Report

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Document Number

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Business Entity Name

JOE KENNEDY TILE L.L.C.

FEI Number

595263927

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not ApplicableCertificate of Status Desired ☐ Yes ☒ No \$5.00 each

Principal Place of Business

Address

8397 VERANO ST.

Suite, Apt. #, etc.

City, State

NAVARRE

FL

Zip Code & Country

32566

US

Mailing Address

Address

8397 VERANO ST.

Suite, Apt. #, etc.

City, State

NAVARRE

FL

Zip Code & Country

32566

US

Name and Address of Registered Agent

Name (Last, First, Middle, Title)

KENNEDY

JOSEPH

R

- OR -

Business to serve as RA

Address (PO Box is not acceptable)

8397 VERANO ST.

Suite, Apt. #, etc.

City, State

NAVARRE

FL

Zip Code & Country

32566

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its

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60047799

own RA.

#L06000033474

Registered Agent Signature JOSEPH R KENNEDY

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Managing Member/Manager Name and Address

Our database can hold a total of six managers or managing members. If you must list more than six managers or managing members, you must download an annual report, list the additional managers or managing members on an attachment, and submit the filing in paper form along with the appropriate fees.

Title	MGRM		
Name (Last, First, Middle, Title)	KENNEDY	JOSEPH	R
- OR -			
Entity Name to serve as MGR or MGRM			
Street Address	8397 VERANO ST		
City, State	NAVARRE	FL	
Zip Code & Country	32566	US	
Title			
Name (Last, First, Middle, Title)			
- OR -			
Entity Name to serve as MGR or MGRM			
Street Address			
City, State			
Zip Code & Country			
Title			
Name (Last, First, Middle, Title)			
- OR -			
Entity Name to serve as MGR or MGRM			
Street Address			
City, State			
Zip Code & Country			
Title			
Name (Last, First, Middle, Title)			