

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000039064

1. Entity Name
TERMINATOR TILE LLC.



Principal Place of Business
250 PECK BETTS ROAD
QUINCY, FL 32352

Mailing Address
250 PECK BETTS ROAD
QUINCY, FL 32352

2. Principal Place of Business - No P.O. Box #
250 Peck Betts Rd.
Suite/Apt. #, etc.

3. Mailing Address
Suite/Apt. #, etc.

City & State
Quincy Fla.
Zip
32352

Country
Solomon

City & State
Zip
Country

01112008 REIN-LLC CR2E101 (1/07)

4. FEI Number
76-0826514

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HODGES, JAMES E
250 PECK BETTS ROAD
QUINCY, FL 32352

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 the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-14-08

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
HODGES, JAMES E
250 PECK BETTS ROAD
QUINCY, FL 32352 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
MCKINNEY, CAMERON
646 PECK BETTS ROAD
QUINCY, FL 32352 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
VUNKANNON, BILLY
122 ROWAN ROAD
QUINCY, FL 32352 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
000115395250
01/17/08--01027--011 **277.50

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

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

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

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

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 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:

JAMES E. Hodges

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

1-14-08

Date

850-274-2014

Daytime Phone #

2014

FILED

08 JAN 14 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

