

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000057221

1. Entity Name  
FRENCHES TILE L.L.C.



Principal Place of Business  
2463 L.W. BARFIELD RD.  
TALLAHASSEE, FL 32310

Mailing Address  
2463 L.W. BARFIELD RD.  
TALLAHASSEE, FL 32310

2. Principal Place of Business - No P.O. Box #  
1584 Silverlake Rd  
Suite, Apt. #, etc.

3. Mailing Address  
1584 Silverlake Rd  
Suite, Apt. #, etc.

City & State  
TALL, FL

City & State  
TALL, FL

Zip  
32310

Country  
USA

Zip  
32310

Country  
USA

05072007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
90-0282564

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

FRENCH, NEIL M  
2463 L.W. BARFIELD RD.  
TALLAHASSEE, FL 32310

## 7. Name and Address of New Registered Agent

Name  
NEIL FRENCH or JESSICA FRENCH  
Street Address (P.O. Box Number is Not Acceptable)  
1584 Silverlake Rd  
City  
TALLAHASSEE FL Zip Code  
32310

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

Jessica French

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

(NOTE: Registered Agent signature required when reinstating)

5-7-07

DATE

Filing Fee is \$50.00  
Due by September 14, 2007

BK

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
FRENCH, JESSICA  
2463 L.W. BARFIELD RD.  
TALLAHASSEE, FL 32310 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
FRENCH, NEIL  
2463 L.W. BARFIELD RD.  
TALLAHASSEE, FL 32310 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
JOHNSON, MICHAEL  
1869 BABY FARM CR.  
TALLAHASSEE, FL 32310 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
~~MGRM~~  
☐ 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  
MGRM  
WHITLOCK, JASON  
1584 Silverlake Rd  
Tallahassee, FL ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
000102194830  
05/11/07--01007--002 \*\*50.00 ☐ 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

Jessica French

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

5/7/07

Date

850-591-6859

Daytime Phone #