## **2007 LIMITED LIABILITY COMPANY**

## **ANNUAL REPORT**

## **DOCUMENT # L06000073031** 1. Entity Name



**FILED** Feb 08, 2007 8:00 am Secretary of State 02-08-2007 90141 038 \*\*\*\*50.00

Supplied	RELIABLE TILE & WOOD, LLC									
Suite Apt. e set.   Suite Apt. e set.   City & State   City & St	19375 WATER OAK DRIVE, APT. 108		19375 WATER OAK DRIVE, APT. 108			<b>EUNT</b> INO	J			
City & State	2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address							
Zo	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			02052007	Chg-LLC	CR2E083 (12/0	16)	
Country   Coun	City & State		City & State			4. FEI Numt	52643	342	- · · ·	
Name   Name   Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O. Box Number is Not Acceptable in the Address (P.O. Box Number is Not Acceptable in the Address (P.O. Box Number is Not Acceptable in the Address (P.O. Box	Zip	Country	Zip Count		try	5 Certificate of Status Desired   \$5.00 Additional				
BLAIR, ARNOLD 19375 WATER OAK DRIVE, APT. 108 PORT CHARLOTTE, FL 33948  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the bulgations of registered agent.  **BigNATURE**    City   FL   Zip Color   City		6. Name and Address of Current				7. Name an	d Address of New R	egistered Agent		
Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code	BLAIR. AR	NOLD	Name							
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature   Signat	19375 WA	TER OAK DRIVE, APT. 108			Street Address (P.O. Box Number is Not Acceptable)					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    SIGNATURE	;		City				FI Zip C	Code		
SIGNATURE   Signature, typed operated name of registered apert and size of applicables. (NOTE: Registered Apert aeparture increasing)   Part	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								ith, and accept	
FILING Fee is \$50.00 Due by May 1, 2007  9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  ITTLE MARK NAME BLAIR, ARNOLD 19375 WATER OAK DRIVE, APT. 108 PORT CHARLOTTE, FL 33948  FIRET ADDRSS CITY-ST-2P  TITLE NAME STREET ADDRSS CITY-ST-2P  TITLE MARK MARK STREET ADDRSS CITY-ST-2P  TITLE MARK MARK MARK MARK MARK MARK MARK MARK										
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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.

JRE LINDS & BLAU MANN STATES REPRESENTATIVE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER MANAGER OF AUTHORIZED REPRESENTATIVE Date Daytime Phone #