

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000073847

**FILED**  
**May 11, 2009**  
**Secretary of State**

**Entity Name:** TILE ONE ON "LLC"

**Current Principal Place of Business:**

88005 OVERSEAS HWY  
ISLAMORADA, FL 33036

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 1174  
ISLAMORADA, FL 33036

**New Mailing Address:**

88005 OVERSEAS HWY  
ISLAMORADA, FL 33036

**FEI Number:** 45-0569991      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CLARKE, MICHELLE  
1463 DE 22ND LANE  
HOMESTEAD, FL 33035      US

**Name and Address of New Registered Agent:**

KELSEY, CHRISTOPHER  
1463 SE 22ND LANE  
HOMESTEAD, FL 33035      US

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.

SIGNATURE: CHRISTOPHER KELSEY

05/11/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: KELSEY, CHRIS  
Address: P O BOX 1174  
City-St-Zip: ISLAMORADA, FL 33036

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: KELSEY, MICHELLE  
Address: 88005 OVERSEAS HWY  
City-St-Zip: ISLAMORADA, FL 33036

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHELLE KELSEY

MRS

05/11/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date