## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000087397

Entity Name: TEMPLAR'S CUSTOM TILE, LLC

FILED Jul 15, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

69 2ND AVE 67 2ND AVE

ENGLEWOOD, FL 34223 US

ENGLEWOOD, FL 34223 US

**Current Mailing Address: New Mailing Address:** 

**69 2ND AVE** 67 2ND AVE

UNIT B ENGLEWOOD, FL 34223 US ENGLEWOOD, FL 34223 LIS

FEI Number Applied For ( ) FEI Number: 26-3385562 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: Name and Address of New Registered Agent:

KEEVAN, VIRGINIA L KEEVAN, VIRGINIA L

69 2ND AVE 67 2ND AVE

ENGLEWOOD, FL 34223 US **UNIT B** 

ENGLEWOOD, FL 34223 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: 07/15/2009

> Electronic Signature of Registered Agent Date

> > ADDITIONS/CHANGES:

MANAGING MEMBERS/MANAGERS:

MGR ( ) Delete Title: MGR (X) Change ( ) Addition

PARENT, THOMAS M PARENT, THOMAS M Name: Name:

Address: 69 2ND AVE UNIT B Address: 67 2ND AVE City-St-Zip: ENGLEWOOD, FL 34223 US City-St-Zip: ENGLEWOOD, FL 34223 US

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: THOMAS PARENT 07/15/2009