



2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L09000084902 1. Entity Name TILE SURGEONS LLC						FILED 11 SEP -6 PM 12:56 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 3702 HOUSTON RD TALLAHASSEE, FL 32307 4				Mailing Address 3702 HOUSTON RD TALLAHASSEE, FL 32307 4			
2. Principal Place of Business - No P.O. Box # 3702 HOUSTON RD.		3. Mailing Address (SAME)					
Suite, Apt #, etc. 		Suite, Apt #, etc. 					
City & State TALLAHASSEE FL.		City & State 					
Zip 32304		Country USA		4. FEI Number 26-5850667		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				09062011 REIN-LLC CR2E101 (1/07)			
6. Name and Address of Current Registered Agent MCQUAIG, JOHN R 3702 HOUSTON RD TALLAHASSEE, FL 32307 4				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 <u><i>[Signature]</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____							
FILE NOW!!! FEE IS \$377.50				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCQUAIG, JOHN R 3702 HOUSTON RD TALLAHASSEE, FL 32307 4			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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REINSTATEMENT				10-11			
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: <u><i>[Signature]</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date: <u>9/6/11</u> Daytime Phone # _____			