2016 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L15000086037

1. Entity Name
ROB'S TILE LLC

Principal Place of Business	Mailing Address
70 ROBERTS WILLIAMS RD CRAWF, FL 32327	70 ROBERTS WILLIAMS RD CRAWF, FL 32327

11022016   REIN-LLC   CR2E101 (12/11)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt #. etc.	**4. FEI Number**	Applied For / Not Applicable
City & State	City & State		
Zip / Country	Zip / Country	**5. Certificate of Status Desired** ☐	**$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PAIANO, ROBERT 70 ROBERTS WILLIAMS RD CRAWF, FL 32327	Name Street Address (P.O. Box Number is Not Acceptable) City _____ FL __ Zip Code

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 _Robert Paiano_
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   11-2-16   DATE

FILE NOW!!! FEE IS $238.75
After January 1, 2017, Fee will be $377.50

Make check payable to
Florida Department of State

800291898288
11/02/16--01003--003   **238.75

9. MANAGING MEMBERS / MANAGERS		10.			
TITLE MGRM NAME PAIANO, ROBERT STREET ADDRESS 70 ROBERTS WILLIAMS RD CITY-ST-ZIP CRAWF, FL 32327	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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: _Robert Paiano_   11-2-16

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   E-MAIL ADDRESS