

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000058378

**FILED**  
**Jul 05, 2007**  
**Secretary of State**

**Entity Name:** MICK'S TILE "LLC"

**Current Principal Place of Business:**

221 CONDUCT DR.  
APT#1  
NEW SMYRNA BEACH, 32169

**New Principal Place of Business:**

801 CANAL ST  
NEW SMYRNA BEACH, FL 32168

**Current Mailing Address:**

P.O. BOX 1332  
NEW SMYRNA BEACH, 32170

**New Mailing Address:**

P.O. BOX 1862  
NEW SMYRNA BEACH, FL 32170

**FEI Number:** 73-1726361      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

FLANAGAN, MICHAEL J  
221 CONDUCT DR.  
APT #1  
NEW SMYRNA BEACH, FL 32169 US

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

FLANAGAN, MICHAEL J  
801 CANAL ST  
NEW SMYRNA BEACH, FL 32168 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: MICHAEL J FLANAGAN

07/05/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: CO ( ) Change (X) Addition  
Name: FLANAGAN, MICHAEL J  
Address: 801 CANAL ST  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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: MICHAEL J FLANAGAN

CO

07/05/2007

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