#### 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000106302

Entity Name: LUIS COLON TILE INSTALLATION LLC

## Current Principal Place of Business:

3544 ST. JOHN'S BLUFF RD APT 722 JACKSONVILLE, FL 32224

# **Current Mailing Address:**

3544 ST JOHNS BLUFF RD APT 722 JACKSONVILLE, FL 32224 US

## FEI Number: 20-0489603

## Name and Address of Current Registered Agent:

COLON MORALES, LUIS 3544 ST JOHNS BLUFF RD APT 722 JACKSONVILLE, FL 32224 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:                    | LUIS G COLON MORALES                     |                 |                                   | 06/10/2020 |
|-------------------------------|--|-----------------|-----------------------------------|------------|
|                               | Electronic Signature of Registered Agent |                 |                                   | Date       |
| Authorized Person(s) Detail : |  |                 |                                   |            |
| Title                         | MGRM                                     | Title           | MGR                               |            |
| Name                          | COLON MORALES, LUIS                      | Name            | COLON, WANDA I                    |            |
| Address                       | 3544 ST JOHNS BLUFF RD<br>APT 722        | Address         | 3544 ST JOHNS BLUFF RD<br>APT 722 |            |
| City-State-Zip:               | JACKSONVILLE FL 32224                    | City-State-Zip: | JACKSONVILLE FL 32224             |            |
|                               |  |                 |                                   |            |

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LUIS COLON MORALES

MGRM

06/10/2020

Date

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No