

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000037239

**Entity Name:** D-N-A TILE 2 L.L.C.

**Current Principal Place of Business:**

1291 STERLING POINT PLACE  
GULFBREEZE, FL 32563

**Current Mailing Address:**

1291 STERLING POINT PLACE  
GULFBREEZE, FL 32563

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

GOMES, DEREK A  
1291 STERLING POINT PL  
GULFBREEZE, FL 32563 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name GOMES, DEREK A  
Address 1291 STERLING POINT PLACE  
City-State-Zip: GULFBREEZE FL 32563

Title MANAGER  
Name GOMES, ANTHONY RICHARD  
Address 1291 STERLING POINT PLACE  
City-State-Zip: GULFBREEZE FL 32563

*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:** DEREK GOMES

**OWNER**

**04/27/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date