## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Mar 24, 2004 8:00 am **Secretary of State** DOCUMENT # L03000019111 1. Entity Name 03-24-2004 90301 043 \*\*\*\*55.00 STAN-BECK ROOFING, L.L.C. Mailing Address Principal Place of Business 1396 REED CANAL ROAD 1396 REED CANAL ROAD 24028208 PORT ORANGE FL 32119 PORT ORANGE FL 32119 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. MOORE CR2E083 (11/03) Applied For City & State City & State 4. FEI Number 59-3013172 Not Applicable \$5.00 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MORTON, ROBERT STANLEY Street Address (P.O. Box Number is Not Acceptable) 1396 REED CANAL ROAD PORT ORANGE FL 32119 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. TITLE ☐ Change TITLE ☐ Delete MGRM/PART OWNER Addition NAME NAME Jim W. Silvis III STREET ADDRESS STREET ADDRESS 1396 Reed Canal Road CITY-ST-ZIP CITY-ST-ZIP Port Orange, Fl. 32129 ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

Robert S. Morton

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