


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/25

FILED
Jun 07, 2004 8:00 am
Secretary of State

04-29-2004 90068 032 ****55.00

DOCUMENT # L03000055119			
1. Entity Name D.R. ROOF MAINTENANCE & REPAIR LLC			
Principal Place of Business 3127 11TH ST CT EAST BRADENTON, FL 34208		Mailing Address 3127 11TH ST CT EAST BRADENTON, FL 34208	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Name and Address of Current Registered Agent REDMON, DAVID 3127 11TH ST CT EAST BRADENTON, FL 34208		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and date if applicable. NOTE: Registered Agent signature's required upon reissuance.</small>			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>OWNER MGR M</i> <i>David Redmon</i> <i>3127 11th St. Ct. E.</i> <i>Bradenton, FL</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>David Redmon</i>		Date: <i>04-25-04</i> Phone: <i>941-745-2346</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	

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02042004 Chg-LLC CR2E083 (10/03)

4. FEI Number *20-0468775* Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required