


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 23, 2005 8:00 am
Secretary of State

02-04-2005 90102 011 ****50.00

| | |
|---|---|
| DOCUMENT # L04000011083 |  |
| 1. Entity Name GENE CARR ROOFING, LLC | |

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|--|--|
| Principal Place of Business 879 AVANT ROAD CHIPLEY, FL 32428 | Mailing Address 879 AVANT ROAD CHIPLEY, FL 32428 |
|--|--|

30002350



| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suits, Apt. #, etc. | | Suits, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

01192005 Chg-LLC CR2E083 (10/03)

| | |
|------------------------------------|--|
| 4. FEI Number 20-0710224 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

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

6. Name and Address of Current Registered Agent

CARR, GENE
879 AVANT ROAD
CHIPLEY, FL 32428

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR CARR, GENE 879 AVANT ROAD CHIPLEY, FL 32428 <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: Albert Gene Carr _____
SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date _____ Daytime Phone # _____