

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 16, 2005 8:00 am
Secretary of State

05-16-2005 90040 046 ****55.00

DOCUMENT # L02000034266 1. Entity Name J.C.L. ROOFING LIMITED COMPANY					
Principal Place of Business 2515 W. BRADDOCK ST. TAMPA, FL 33607			Mailing Address 2515 W. BRADDOCK ST. TAMPA, FL 33607		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
JUAN CARLOS IANNICELLI 2515 W. BRADDOCK ST. TAMPA, FL 33607				Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____	
				<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u><i>[Signature]</i></u> DATE <u>05/12/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
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	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IANNICELLI, JUAN C			NAME	
STREET ADDRESS	2515 W. BRADDOCK ST.			STREET ADDRESS	
CITY - ST - ZIP	TAMPA, FL 33607			CITY - ST - ZIP	
TITLE	VP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IANNICELLI, ILEANA			NAME	
STREET ADDRESS	2515 W. BRADDOCK ST.			STREET ADDRESS	
CITY - ST - ZIP	TAMPA, FL 33607			CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
SIGNATURE: <u>JUAN CARLOS IANNICELLI</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date: <u>05/12/05</u> Daytime Phone #: <u>(813) 842-0422</u>	

