

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000101951

**Entity Name:** ROOFTREE MANAGEMENT SERVICES, LLC

**Current Principal Place of Business:**

400 BEACH DRIVE #2202  
ST. PETERSBURG, FL 33701

**Current Mailing Address:**

C/O RAYMOND L. TETZLAFF  
400 BEACH DRIVE, #2202  
ST. PETERSBURG, FL 33701 US

**FEI Number:** 46-1355463

**Certificate of Status Desired:** No

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

NATIONAL CORPORATE RESEARCH,LTD.,INC.  
115 NORTH CALHOUN ST.  
SUITE 4  
TALLAHASSEE, FL 32301 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 MGRM  
Name LARSON, WILLIAM H  
Address 13246 W. SKINNER ROAD  
City-State-Zip: BROADHEAD WI 53520

Title MGRM  
Name TETZLAFF, RAYMOND L  
Address 400 BEACH DRIVE #1901  
City-State-Zip: ST. PETERSBURG FL 33701

Title MGRM  
Name LARSON, THOMAS G  
Address 1956 5TH STREET SOUTH  
City-State-Zip: NAPLES FL 34102

*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:** THOMAS G. LARSON

MANAGER/MEMBER

01/26/2016

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

\_\_\_\_\_ Date