POMPANO BE	AVE. ACH, FL 33064			
Current Mai	ling Address:			
4315 NW 6T POMPANO	THAVE. BEACH, FL 33064 US			
FEI Number: 81-3778773		Certificate of Status Desired: Yes		
Name and <i>F</i>	Address of Current Registered Agent:			
TAX HOUSE C				
1100 S FEDERA DEERFIELD BE	ALHWY EACH, FL 33441 US			
DEERFIELD BE		s registered office or regis	tered agent, or both, in the State of Flori	da.
DEERFIELD BE	EACH, FL 33441 US	s registered office or regis	tered agent, or both, in the State of Flori	<sub>da.</sub> 04/30/2019
DEERFIELD BE	EACH, FL 33441 US	s registered office or regis	tered agent, or both, in the State of Flori	
DEERFIELD BE The above named SIGNATURE	EACH, FL 33441 US d entity submits this statement for the purpose of changing its E: BRENO GOMES	s registered office or regis	tered agent, or both, in the State of Flori	04/30/2019
DEERFIELD BE The above named SIGNATURE	EACH, FL 33441 US d entity submits this statement for the purpose of changing its E: BRENO GOMES Electronic Signature of Registered Agent	s registered office or regis	tered agent, or both, in the State of Flori	04/30/2019
DEERFIELD BE The above named SIGNATURE Authorized	EACH, FL 33441 US d entity submits this statement for the purpose of changing its E: BRENO GOMES Electronic Signature of Registered Agent Person(s) Detail :			04/30/2019 Date
DEERFIELD BE The above named SIGNATURE Authorized Title	EACH, FL 33441 US d entity submits this statement for the purpose of changing its E: BRENO GOMES Electronic Signature of Registered Agent Person(s) Detail : MGR	Title	MGR	04/30/2019 Date

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: RELIABLE ROOFING REPAIRS, LLC

DOCUMENT# L16000163349

**Current Principal Place of Business:** 

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: PEREIRA COELHO ,MARLUCIO JOSE

MGR

04/30/2019

FILED Apr 30, 2019

**Secretary of State** 

0776873120CC

Electronic Signature of Signing Authorized Person(s) Detail