

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2003 8:00 am
Secretary of State

05-09-2003 90054 013 ****50.00

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DOCUMENT # L01000010597

1. Entity Name

JOHN L. ROOF, LLC



Principal Place of Business

Mailing Address

JOHN L. ROOF
2100 S OCEAN DR SKY HARBOR EAST APT 10 G
FT LAUDERDALE FL 33316

JOHN L. ROOF
2100 S OCEAN DR SKY HARBOR EAST APT 10 G
FT LAUDERDALE FL 33316

10103569



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1120424**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

EMO CORPORATE SERVICES INC
100 NE THIRD AVE
SUITE 1100
FT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name

John David Roof

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

6421 Congress Ave

Suite 117

City

Boca Raton

FL

Zip Code

33487

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/17/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
ROOF, JOHN L
2100 S OCEAN DRIVE APT 10G
FORT LAUDERDALE FL 33316

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2100 S OCEAN DR APT 10G

☒ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

JOHN L. ROOF

4/17/03

CR2E083 (10/02)