2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000000105

1. Entity Name
LK ROOF COATINGS & MAINTENANCE, LLC

Principal Place of Business	Mailing Address
PO BOX 868 HC5 BOX 1016 OLD TOWN, FL 32680	P O BOX 868 OLD TOWN, FL 32680

02172006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0382895
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DOWELL, KEN
PO BOX 868
OLD TOWN, FL 33756

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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: Ken Dowell DATE: 3/9/06
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, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	DOWELL, KEN
STREET ADDRESS	PO BOX 868
CITY-ST-ZIP	OLD TOWN, FL 32680
TITLE	MGR
NAME	DOWELL, LINDA
STREET ADDRESS	PO BOX 868
CITY-ST-ZIP	OLD TOWN, FL 32680
TITLE	MGR
NAME	VALE, TERRY
STREET ADDRESS	520 NEW ST
CITY-ST-ZIP	FAIRPORT HARBOR, OH 44077
TITLE	MGR
NAME	VALE, NANCY
STREET ADDRESS	520 NEW ST.
CITY-ST-ZIP	FAIRPORT HARBOR, OH 44077
TITLE	MGRM
NAME	BABB, STEVE
STREET ADDRESS	73 CRESTWOOD DR.
CITY-ST-ZIP	PAINESVILLE, OH 44077
TITLE	MGRM
NAME	BABB, SHELIA
STREET ADDRESS	73 CRESTWOOD DR.
CITY-ST-ZIP	PAINESVILLE, OH 44077

100000466590
03/23/06-80016-019 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: X Linda M Dowell 2/20/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #