

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L02000000105

1. Entity Name
LK ROOF COATINGS & MAINTENANCE, LLC



Principal Place of Business
**1439 NE 349 HWY
OLD TOWN, FL 32680**

Mailing Address
**PO BOX 868
OLD TOWN, FL 32680**



03262008 No Chg-LLC

CR2E083 (12/07)

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
783 NE 206TH AVE
OLD TOWN, FL 32680**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	DOWELL, KEN
STREET ADDRESS	1439 NE HWY 349
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

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04/24/08-80023-017 138.75

**DO NOT WRITE
IN THIS SPACE**

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:

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

4/2/08

Date

440 352-8414

Daytime Phone #