2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# L02000001443

Entity Name: TREASURE COAST ROOFING, L.L.C.

Current Principal Place of Business:

494 5TH ST. SW
VERO BEACH, FL 32962

New Principal Place of Business:

1816 SW BILTMORE ST
PORT ST LUCIE, FL 34984

Current Mailing Address:

494 5TH ST. SW
VERO BEACH, FL 32962

New Mailing Address:

1816 SW BILTMORE ST
PORT ST LUCIE, FL 34984

FEI Number: 01-0608589 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MALONEY, BRIAN
145 SE NARANJA AVE
PORT SAINT LUCIE, FL 34983 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: P ( ) Delete
Name: MALONEY, BRIAN
Address: 145 SE NARANJA AVE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: VP ( ) Delete
Name: MALONEY, VINCE
Address: 633 SW PAUL REVERE TERRACE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: TS ( ) Delete
Name: DEWITT, RICHARD
Address: 106 SE NARANJA AVENUE
City-St-Zip: PORT SAINT LUCIE, FL 34983

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: BRIAN MALONEY P 04/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date