

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L02000001443

**FILED**  
**Apr 09, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

1816 SW BILTMORE ST  
PORT ST LUCIE, FL 34984

**New Principal Place of Business:**

**Current Mailing Address:**

1816 SW BILTMORE ST  
PORT ST LUCIE, FL 34984

**New Mailing Address:**

145 SENARANJA AVENUE  
PORT ST LUCIE, FL 34983

**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:** BRIAN MALONEY

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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

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

I hereby 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

PRES

04/09/2012

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