

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 28, 2003 8:00 am**  
**Secretary of State**

07-28-2003 90065 040 \*\*\*\*50.00  
04-07-2003 90002 038 \*\*\*150.00

**DOCUMENT # L02000001443**

1. Entity Name

**TREASURE COAST ROOFING, L.L.C.**



Principal Place of Business

145 SE NARRANJA AVE  
PORT ST LUCIE FL 34983

Mailing Address

145 SE NARRANJA AVE  
PORT ST LUCIE FL 34983

2. Principal Place of Business

3. Mailing Address

Suite, Apt., etc.

Suite, Apt., etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Port St. Lucie, FL

City & State

Port St. Lucie, FL

4. FEI Number

01-060 8589

Applied For

Not Applicable

Zip

34952

Country

St. Lucie

Zip

34952

Country

St. Lucie

5. Certificate of Status Desired

☒

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KOHL, N. DEAN JR ESQ  
50 SE KINDRED ST  
SUITE 107  
STUART FL 34995

7. Name and Address of New Registered Agent

Name

Brian Maloney

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

145 SE NARRANJA AVE

City

Port St. Lucie

FL

Zip Code

34983

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

*Brian Maloney*  
Signature, typed or printed name of registered agent and title is applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-23-03

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
BRIAN MALONEY  
145 SE NARRANJA AVE  
Port St. Lucie, FL 34983

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Vince Maloney  
Vice President  
1974 SW Beard St  
Port St. Lucie, FL 34983

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Treasurer/Secretary  
Rich Dewitt  
1511 SE BURNING CT.  
Port St. Lucie, FL 34952

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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:

*Brian Maloney*  
**SIGNATURE REQUIRED**

7-23-03

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

Date

Daytime Phone #

CR2E083 (4/03)