

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-02-2003 90012 006 ****50.00

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

55029162

DO NOT WRITE IN THIS SPACE

DOCUMENT # <u>L02090023205</u>			
1. Entity Name <u>PROFESSIONAL ROOFING SOLUTIONS, LLC</u>			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business <u>105 DURANGO DR</u> Suite, Apt. #, etc.		3. Mailing Address <u>105 DURANGO DR</u> Suite, Apt. #, etc.	
City & State <u>DESTIN, FLORIDA</u>		City & State <u>DESTIN, FLORIDA</u>	
Zip <u>32541</u>		Zip <u>32541</u>	
Country <u>USA</u>		Country <u>USA</u>	
4. FEI Number <u>14-1844955</u>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
DO NOT WRITE IN THIS SPACE			
7. Name and Address of Current Registered Agent			
Name <u>GILES DIXON</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>105 DURANGO DRIVE</u>			
City <u>DESTIN</u>			
FL Zip Code <u>32541</u>			
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 <u>[Signature]</u>		DATE <u>3-27-03</u>	
Signature, typed or printed name of registered agent and title if applicable.			
FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1			
9. MANAGING MEMBERS/MANAGERS			
TITLE <u>MANAGING MEMBER</u>		TITLE <u>MANAGING MEMBER</u>	
NAME <u>GILES DIXON</u>		NAME <u>GILES DIXON</u>	
STREET ADDRESS <u>105 DURANGO DRIVE</u>		STREET ADDRESS <u>105 DURANGO DRIVE</u>	
CITY - ST - ZIP <u>DESTIN, FL 32541</u>		CITY - ST - ZIP <u>DESTIN, FL 32541</u>	
TITLE <u>MANAGING MEMBER</u>		TITLE <u>MANAGING MEMBER</u>	
NAME <u>GILES DIXON</u>		NAME <u>GILES DIXON</u>	
STREET ADDRESS <u>105 DURANGO DRIVE</u>		STREET ADDRESS <u>105 DURANGO DRIVE</u>	
CITY - ST - ZIP <u>DESTIN, FL 32541</u>		CITY - ST - ZIP <u>DESTIN, FL 32541</u>	
DO NOT WRITE IN THIS SPACE			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: <u>[Signature]</u>		Date <u>3-27-03</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	

CR2E083B (1/202)