

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000003371

Entity Name: PONCE ROOFING, LLC

FILED
Mar 06, 2008
Secretary of State

Current Principal Place of Business:

4250 FLAGLER ESTATES BOULEVARD
HASTINGS, FL 32145

New Principal Place of Business:

Current Mailing Address:

4250 FLAGLER ESTATES BOULEVARD
HASTINGS, FL 32145

New Mailing Address:

FEI Number: 56-2416633

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PONCE, MICHAEL T
4250 FLAGLER ESTATES BOULEVARD
HASTINGS, FL 32145 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: MGRM () Delete
Name: PONCE, MICHAEL T
Address: 4250 FLAGLER ESTATES BOULEVARD
City-St-Zip: HASTINGS, FL 32145

Title: MGRM () Delete
Name: PONCE, TERESA A
Address: 4250 FLAGLER ESTATES BOULEVARD
City-St-Zip: HASTINGS, FL 32145

Title: MGRM () Delete
Name: WOODARD, MICHAEL P JR.
Address: 108 NALTA AVENUE
City-St-Zip: PALATKA, FL 32177

Title: MGMR (X) Delete
Name: SALANCI, STEPHEN J
Address: 4430 CALVIN STREET
City-St-Zip: HASTING, FL 32145

ADDITIONS/CHANGES:

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

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

Title: MGMR (X) Change () Addition
Name: PONCE, MICHAEL E
Address: 4250 FLAGLER ESTATES BLVD.
City-St-Zip: HASTINGS, FL 32145

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: TERESA A. PONCE

MGMR

03/06/2008

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