

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90138 041 ***138.75

DOCUMENT # L03000003382

1. Entity Name
ROOF USA (FL) LLC



Principal Place of Business
17300 NICASIO JAY AVE.
BROOKSVILLE, FL 34614 US

Mailing Address
3761 EAST LAKE ROAD
DUNKIRK, NY 14048 US

60005934



01232008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
37-1455070

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FARRELL, JOHN W 3761 EAST LAKE RD. DUNKIRK, NY 14048
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FARREL, JOHN T 3761 EAST LAKE RD DUNKIRK, NY 14048
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FARRELL, CATHLEEN M 3761 EAST LAKE ROAD DUNKIRK, NY 14048
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FARRELL, ROBERT A 3761 EAST LAKE ROAD DUNKIRK, NY 14048
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MIGNOLI, SUE 10450 RAMBLE RIDGE CT WEEKI-WACHEE, FL 34613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO BAUER, JOHN T 3761 EAST LAKE ROAD DUNKIRK, NY 14048

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

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

Date

Daytime Phone #

John T. Bauer

John T. Bauer

1/30/08

716-366-4950