2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90131 047 ****55.00

DOCUMENT # L03000045247

1. Entity Name
CONLEY'S RE-ROOFING, LLC

Principal Place of Business	Mailing Address
6837 CONLEY DRIVE POLK CITY, FL 33868	6837 CONLEY DRIVE POLK CITY, FL 33868

24000754

01062004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
PO. BOX 1242		PO. BOX 1242	
Suite, Apt. #, etc. 475 NORTH DAKOTA AVE,		Suite, Apt. #, etc. 475 NORTH DAKOTA AVE,	
City & State LAKE ALFRED FLORIDA		City & State LAKE ALFRED FLORIDA	
Zip 33850-1242	Country POLK	Zip 33850-1242	Country POLK

4. FEI Number 59-1566080 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CONLEY, CLYDE S SR.
6837 CONLEY DRIVE
POLK CITY, FL 33868

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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] CLYDE S. CONLEY SR. JANUARY 06 2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CONLEY, CLYDE S SR. 6837 CONLEY DRIVE POLK CITY, FL 33868	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLYDE S. CONLEY SR. PO. BOX 1242 LAKE ALFRED FL 33850-1242	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE 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: [signature] CLYDE S. CONLEY SR. JANUARY 06 2004 (863) 294-7110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Attachment
240000754

To receive a form by mail:

- *Detach this postcard.*
- *Enter change of address, if applicable.*
- *Affix postage on reverse side and mail.*
- *Allow 7-10 business days to receive form.*

L08000045247
CONLEY'S RE-ROOFING, LLC
6837 CONLEY DRIVE
POLK CITY FL 33868-9384

Change of Address

P.O. Box 1242
475 North Dakota Ave.
Lake Alfred FL. 33850

CR2E095 10/03