2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2009
Secretary of State

DOCUMENT# L03000045247

Entity Name: CONLEY'S RE-ROOFING, LLC

Current Principal Place of Business:

475 NORTH DAKOTA AVE
LAKE ALFRED, FL 33850

New Principal Place of Business:

Current Mailing Address:

PO BOX 1242
LAKE ALFRED, FL 33850

New Mailing Address:

FEI Number: 59-1566080 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CONLEY, CLYDE S SR.
120 LAKE BUTLER AVE.
HAINES CITY, FL 33844 US

Name and Address of New Registered Agent:

CONLEY, CLYDE S SR.
1960 FAITH AVE..
HAINES CITY, FL 33844 US

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: CLYDE S. CONLEY 02/13/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: CONLEY, CLYDE S SR
Address: 120 LAKE BUTLER AVE.
City-St-Zip: HAINES CITY, FL 33844

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CONLEY, CLYDE S SR
Address: 1960 FAITH AVE,
City-St-Zip: HAINES CITY, FL 33844

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: CLYDE S. CONLEY MGRM 02/13/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date