

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000046040

1. Entity Name

STEVE WHITE ROOFING, LLC



Principal Place of Business

1584 CEDAR STREET
NICEVILLE FL 32578

Mailing Address

1584 CEDAR STREET
NICEVILLE FL 32578



2. Principal Place of Business - No P.O. Box #

1584 CEDAR ST
Suite, Apt. #, etc.

3. Mailing Address

1584 CEDAR ST
Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/06)

City & State

NICEVILLE, FL

City & State

NICEVILLE FL

Zip

32578

Country

OKLAHOMA

Zip

32678

Country

OKLAHOMA

4. FEI Number

59-3366091

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fees Required

6. Name and Address of Current Registered Agent

KIDD, DOROTHY S
1584 CEDAR STREET
NICEVILLE FL 32578

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
MGRM
WHITE, STEVE P
STREET ADDRESS
1580 CEDAR ST
CITY-STATE-ZIP
NICEVILLE FL 32578 ☐ Delete

TITLE
NAME
MGRM
POWELL, RONALD E
STREET ADDRESS
PO BOX 1088
CITY-STATE-ZIP
FREEPORT FL 32439 ☐ Delete

TITLE
NAME
MGR
NELSON, PHILLIP P
STREET ADDRESS
326 BREAM AVE APT#7
CITY-STATE-ZIP
FORT WALTON BEACH FL 32548 ☐ Delete

TITLE
NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ Delete

TITLE
NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ Delete

TITLE
NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
U00000656573
STREET ADDRESS
03/14/07-80031-023 50.00 ☐ Change ☐ Addition
CITY-STATE-ZIP

TITLE
NAME

STREET ADDRESS

CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME

STREET ADDRESS

CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME

STREET ADDRESS

CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME

STREET ADDRESS

CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME

STREET ADDRESS

CITY-STATE-ZIP ☐ Change ☐ Addition

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

Steve P. White

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

MAR 1, 2007

850-897-4100

Date

Daytime Phone #