


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 22, 2004 8:00 am**  
**Secretary of State**

07-22-2004 90097 050 \*\*\*\*\*55.00

**DOCUMENT # L03000052347**

1. Entity Name  
**BRADENTON ROOFING SERVICES, LLC**



Principal Place of Business Mailing Address

5211 15TH STREET COURT EAST POBOX 10933  
 BRADENTON, FL 34203 US BRADENTON, FL 34282-0933 US

14026936

2. Principal Place of Business 3. Mailing Address

5211 15th St. Ct. East PO Box 10933  
 Suite, Apt. #, etc. Suite, Apt. #, etc.



07192004 Chg-LLC CR2E083 (10/03)

City & State City & State

Bradenton Fl. Bradenton Fl.  
 Zip Country Zip Country  
 34203 manatee 34282 manatee

4. FEI Number Applied For

20-0473922 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

Not Applicable

6. Name and Address of Current Registered Agent

SIZEMORE, DALE L  
 5211 15TH STREET COURT EAST  
 BRADENTON, FL. 34203

7. Name and Address of New Registered Agent

Name an  
 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 *Dale L Sizemore* DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00**  
**Due by September 8, 2004**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	SIZEMORE, DALE L	
STREET ADDRESS	POBOX 10933	
CITY-ST-ZIP	BRADENTON, FL 342820933	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Dale L Sizemore* Date 7-19-04

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