


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
5211 15TH STREET COURT EAST
BRADENTON, FL 34203 US

Mailing Address
POBOX 10933
BRADENTON, FL 34282-0933 US

14026936

2. Principal Place of Business
5211 15th. St. Ct. East

3. Mailing Address
PO Box 10933

Suite, Apt. #, etc.



07192004 Chg-LLC CR2E083 (10/03)

City & State
Bradenton Fl.

City & State
Bradenton Fl.

Zip
34203 Country
manatee

Zip
34282 Country
manatee

4. FEI Number
20-0473922

Applied For
 Applied For
 Not Applicable

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

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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIZEMORE, DALE L POBOX 10933 BRADENTON, FL 342820933 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Dale L Sizemore* Date **7-19-04**

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