

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 10, 2005 8:00 am
Secretary of State

08-10-2005 90047 026 ****55.00

DOCUMENT # L03000055498 1. Entity Name CASTONGUAY ROOFING "LLC"					
Principal Place of Business 508 S. 8TH ST. FT. PIERCE, FL 34950 US				Mailing Address 508 S. 8TH ST. FT. PIERCE, FL 34950 US	
2. Principal Place of Business 3271 OLEANDER AV B-10 Suite, Apt. #, etc. B-10 City & State FT PIERCE FL Zip 34982		3. Mailing Address 3271 OLEANDER AV-B-10 Suite, Apt. #, etc. B-10 City & State FT PIERCE FL Zip 34982		4. FEI Number 65-1229063 Applied For <input type="checkbox"/> Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CASTONGUAY, STEVEN P 508 S. 8TH ST. FT. PIERCE, FL 34950				7. Name and Address of New Registered Agent Name STEVEN P CASTONGUAY Street Address (P.O. Box Number is Not Acceptable) 2621 S. 10th St City FT PIERCE FL Zip Code 34982	
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 <u>STEVEN CASTONGUAY</u>  <u>Aug 8/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 7, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CASTONGUAY, STEVEN P 508 S. 8TH ST. FT. PIERCE, FL 34950	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CASTONGUAY STEVEN P 2621 S. 10th St. FT PIERCE FL 34982	<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:  <u>Aug 8/05</u> <u>772 461-6145</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					