

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00-AM
Secretary of State

DOCUMENT # L03000055498

1. Entity Name
CASTONGUAY ROOFING "LLC"



Principal Place of Business
**3271 OLEANDER AVE B-10
FORT PIERCE, FL 34982 US**

Mailing Address
**3271 OLEANDER AVE B-10
FORT PIERCE, FL 34982 US**



01072006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1229063

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CASTONGUAY, STEVEN P
2621 S 10TH ST
FORT PIERCE, FL 34982**

**DO NOT WRITE
IN THIS SPACE**

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 his/her applicable

(NOTE: Registered Agent signature required when transferring)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	CASTONGUAY, STEVEN P
STREET ADDRESS	2621 S 10TH ST
CITY- ST- ZIP	FORT PIERCE, FL 34982
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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01/20/06-80026-008 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 806, Florida Statutes.

SIGNATURE:

Signature and typed or printed name of signing managing member or authorized representative

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