2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000000103

1. Entity Name
ZACK'S ROOFING, LLC

Principal Place of Business	Mailing Address
12396 CYRANO AVENUE BROOKSVILLE, FL 34601 US	12396 CYRANO AVENUE BROOKSVILLE, FL 34601 US

01162007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

USACCOUNTING OFFICE, INC.
417 W. JEFFERSON STREET
BROOKSVILLE, FL 34601

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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 _____ 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 May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR
NAME	DZAFIC, BERNARD
STREET ADDRESS	12396 CYRANO AVENUE
CITY-ST-ZIP	BROOKSVILLE, FL 34601
TITLE	MGRM
NAME	DZAFIC, BERNARD
STREET ADDRESS	12396 CYRANO AVENUE
CITY-ST-ZIP	BROOKSVILLE, FL 34601
TITLE	SEC
NAME	DZAFIC, BERNARD
STREET ADDRESS	12396 CYRANO AVENUE
CITY-ST-ZIP	BROOKSVILLE, FL 34601
TITLE	TRES
NAME	DZAFIC, BERNARD
STREET ADDRESS	12396 CYRANO AVENUE
CITY-ST-ZIP	BROOKSVILLE, FL 34601
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/18/07-80060-023 50.00

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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 608, Florida Statutes.

SIGNATURE: _____ 1-16-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #