2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 03, 2005 8:00 am
Secretary of State
01-31-2005 90196 036 ****50.00

1st MOORE CR2E083 (10/04)

DOCUMENT # L04000000537

1. Entity Name
ROE'S SPRINKLER SERVICE AND REPAIR LLC

Principal Place of Business	Mailing Address
290 NW 30 AVENUE LAUDERHILL FL 33311	290 NW 30 AVENUE LAUDERHILL FL 33311

2. Principal Place of Business	3. Mailing Address
Ft. Lauderdale	290 N.W. 30th Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft Laud	City & State: Ft Laud
Zip: 33311 Country: USA	Zip: 33311 Country: USA

4. FEI Number: 592417351 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BOLDEN, CHRIS B
7417 NW 48 STREET
LAUDERHILL FL 33319

7. Name and Address of New Registered Agent

Name: Roosevelt Shellman
Street Address (P.O. Box Number is Not Acceptable): 290 N.W 30th Ave
City: Ft Laud. FL Zip Code: 33311

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] Roosevelt Shellman 1-19-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SHELLMAN, ROOSEVELT		NAME		
STREET ADDRESS	290 NW 30 AVENUE		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33311		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: [signature] Roosevelt Shellman 1-19-05 954-791-4377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #