2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

Jan 27, 2005 8:00 am Secretary of State DOCUMENT # L04000008618 1. Entity Name 01-27-2005 90080 050 ****50.00 WESLEY HALL ROOFING, LLC Principal Place of Business Mailing Address 2917 OUT LOOK LANE 2917 OUT LOOK LANE CHIPLEY FL 32428 CHIPLEY FL 32428 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HALL, WESLEY Street Address (P.O. Box Number is Not Acceptable) 2917 OUT LOOK LANE CHIPLEY FL 32428 Zip Code FL 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 profiled 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 ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. Change Addition TITLE **MGRM** Delete TITLE HALL, WESLEY NAME MAME STREET ADDRESS STREET ADDRESS 2917 OUT LOOK LANE CITY - ST - ZIP CHIPLEY FL 32428 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI È ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-ZIP ☐ Detete ILLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

11. Thereby 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.

AGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE