2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)

ANNUAL NEPONI (AN)				FILED
DOCUMENT # L0400008618 1. Entity Name				Apr 25, 2006 08:00 AM
WESLEY HALL ROOFING, LLC				Secretary of State
Principal Place of Business Mailin		Mailing Address		
2917 OUT LOOK LANE CHIPLEY FL 32428 US		2917 OUT LOOK LANE CHIPLEY FL 32428 US	- -	
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E083 (10/05)
City & State		City & State		4. FEI Number NO-T APPLICABLE Applied For Not Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
			Name	
HALL, WESLEY 2917 OUT LOOK LANE CHIPLEY FL 32428			Street Address	(P.O. Box Number is Not Acceptable)
Chirlet i E 32420				
			City	FL Zip Code
	named entity submits this statement for ions of registered agent.	or the purpose of changing its re	egistered office or registe	ered agent, or both, in the State of Florida. I am familiar with, and access
SIGNATURE .	Signature, typed or printed name of registered agent	and tille if applicable (NOTE F	Registered Agent signature require	ad when reinstating) DATE
		FILE NO\ Make Check Payable	VIII FEE IS \$50.00 to Florida Departme	ent of State
			By May 1, 2006	
9.	MANAGING MEMB		10.	ADDITIONS/CHANGES
TITLE NAME	MGRM	☐ Delete	TITLE NAME	☐ Change ☐ Addii HaanaanEoottoo
STREET ADDRESS	HALL, WESLEY 2917 OUT LOOK LANE		STREET ADDRESS	U00000532568 05/06/06-80080-024 50.00
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CITY-ST-ZIP	cartify that the information a control of	ith this filling done ant available	City-ST-ZIP	ed in Section 119, Florida Statutes. I further certify that the informatic
ra. reereby	county man are intermation supplied wi	in the tilting wors from quality for	THE EXELLIBRIOUS COURSE	ica in occion era, eronda atatutea, ritutulei centry tilat tile intumant.

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 hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Waster Ideal 3-2-06 850-638-8335
SIGNATURE and TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Proces #