## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

## Apr 29, 2005 8:00 am Secretary of State **ANNUAL REPORT (AR)** DOCUMENT # L04000029576 1. Entity Name 04-29-2005 90051 017 \*\*\*\*50.00 **ROOFING UNLIMITED LLC** Principal Place of Business Mailing Address 1732 RIDGEWOOD AVENUE 1732 RIDGEWOOD AVENUE MAITLAND FL 32751 MAITLAND FL 32751 3. Mailing Address 2. Principal Place of Business 1619 ( lement 5 Suite, Apt. #, etc. : . ... -1st MOORE "-\*CR2E083 (10/04) 4. FEI Number City & State City & State Applied For Winter Park ees unie 32-0118777 Not Applicable Country Country \$5.00 Additional 32792 5. Certificate of Status Desired USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HASEY, TERESA L 1732 RIDGEWOOD AVENUE ematis MAITLAND FL 32751- US 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 megistered agent. SIGNATURE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. MER TITLE ☐ Addition TITLE MGR Delete Change Hasey, Dennis C 1619 Clematis Zane NAME HASEY, DENNIS C NAME STREET ADDRESS 1732 RIDGEWOOD AVENUE STREET ADDRESS CITY-ST-ZIP MAITLAND FL 32751 CITY-ST-ZIP DITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change ☐ Addition 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 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, Fiorida Statutes.

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-22-05

803-604-0030

Daytime Phone ₽

FILED