

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90018 035 ****50.00

DOCUMENT # L04000044592

1. Entity Name
SUN SKY ROOFING, LLC



Principal Place of Business
**3885 41ST ST
VERO BEACH, FL 32967 US**

Mailing Address
**3885 41ST ST
VERO BEACH, FL 32967 US**



02152006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1253153

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SUNCIC, PATRICE
3885 41ST STREET
VERO BEACH, FL 32967**

**DO NOT WRITE
IN THIS SPACE**

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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE **P**
NAME **LASKY, JR, WILLIAM**
STREET ADDRESS **3885 41ST STREET**
CITY-ST-ZIP **VERO BEACH, FL 32967**

TITLE **V**
NAME **SUNCIC, JOSIANE**
STREET ADDRESS **3885 41ST STREET**
CITY-ST-ZIP **VERO BEACH, FL 32967**

TITLE **T**
NAME **SUNCIC, PATRICE**
STREET ADDRESS **3885 41ST STREET**
CITY-ST-ZIP **VERO BEACH, FL 32967**

TITLE **S**
NAME **SUNCIC, JOSIANE**
STREET ADDRESS **3885 41ST STREET**
CITY-ST-ZIP **VERO BEACH, FL 32967**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Feb 15, 2006

Date

Daytime Phone # _____