

# ANNUAL REPORT

DOCUMENT # L04000047404

1. Entity Name  
AMERICAN ROOFING LLC



**FILED**  
**Jan 13, 2005 8:00 am**  
**Secretary of State**

01-13-2005 90014 004 \*\*\*\*50.00

Principal Place of Business  
12580-82 AVE NO  
SEMINOLE, FL 33776

Mailing Address  
12580-82 AVE NO  
SEMINOLE, FL 33776

2. Principal Place of Business  
12580-82 AVE NO  
Suite, Apt. #, etc.

3. Mailing Address  
12580-82 AVE NO  
Suite, Apt. #, etc.

City & State  
SEMINOLE, FL

City & State  
SEMINOLE, FL

4. FEI Number  
59-1287062

Applied For  
Not Applicable

Zip  
33776

Country  
PINELLAS

Zip  
33776

Country  
PINELLAS

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

TONKIN, JOHN  
12580-82 AVE NO  
SEMINOLE, FL 33776

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 JOHN C. TONKIN

Signature, typed or printed name of registered agent and title if applicable.

John C. Tonkin

(NOTE: Registered Agent signature required when reinstating)

1-10-2005

DATE

Filing Fee is \$50.00  
Due by May 1, 2005

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
TONKIN, JOHN  
12580-82 AVE NO  
SEMINOLE, FL 33776 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: John C. Tonkin JOHN C. TONKIN

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

1-10-2004 727-347-9295

Date

Daytime Phone #