

**LIMITED LIABILITY COMPANY
ANNUAL REPORT**

Amended

For Office Use Only

DO NOT WRITE IN THIS SPACE

DOCUMENT # *L04000061496*

1. Entity Name *Harvey Roofing L.L.C.*



FILED

07 NOV -6 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box #

1872 Mills St STE D-10

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

CR2E083B (5/07)

City & State

Talla, FL

City & State

Same

4. FEI Number

83-0404198

Applied For

Not Applicable

Zip

32310

Country

Leon

Zip

Same

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

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7. Name and Address of Current Registered Agent

Name

Dan M. Harvey

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

1872 Mills St. STE D-10

City

Talla,

FL

Zip Code

32310

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

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

DATE

11/06/07

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

MGRM 11/06/07

Jeff Highsmith

9249 HWY 202

THOMASVILLE, GA 31757

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

MGRM

Dan M. HARVEY

14572 North West L AND H Rd.

Bristol, FL 32321

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

10.

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*11/08/07--01051--014 **50.00*

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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

Dan M. Harvey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE

Daytime Phone #

11/06/07 850-556-3581