

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000064182

1. Entity Name  
KDA SPEIGLE ROOFING LLC



SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 DEC 30 AM 9:39

Principal Place of Business  
15224 CHAMPION LAKES PL  
LOUISVILLE, KY 40245

Mailing Address  
15224 CHAMPION LAKES PL  
LOUISVILLE, KY 40245

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11302005 REIN-LLC

CR2E101 (6/04)

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD  
SUITE 101  
TALLAHASSEE, FL 32301-2960

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2006, Fee will be \$200.00**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME BOGGS, DAVID  
STREET ADDRESS 15224 CHAMPION LAKES PL  
CITY-ST-ZIP LOUISVILLE, KY 40245

TITLE ☐ Change ☐ Addition  
NAME 500062513885  
STREET ADDRESS 12/30/05--01054--017 \*\*\*150.00  
CITY-ST-ZIP

TITLE MGRM ☐ Delete  
NAME DENNIS, KEVIN  
STREET ADDRESS 15224 CHAMPION LAKES PL  
CITY-ST-ZIP LOUISVILLE, KY 40245

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

TITLE MGRM ☐ Delete  
NAME HAUN, RYAN  
STREET ADDRESS 8680 WESLEYAN DRIVE, #102  
CITY-ST-ZIP FORT MYERS, FL 33919

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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, Florida Statutes.

SIGNATURE: *Kevin Dennis* Kevin Dennis

12-21-05

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

Date

Daytime Phone #