

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90303 002 \*\*\*\*50.00

60014616



<b>DOCUMENT # L04000070667</b> 1. Entity Name <b>CASTLE GROUP ROOFING &amp; REMODELING, LLC</b>					
Principal Place of Business <b>401 E. SMITH STREET</b> <b>WINTER GARDEN, FL 34787 US</b>			Mailing Address <b>401 E. SMITH STREET</b> <b>WINTER GARDEN, FL 34787 US</b>		
2. Principal Place of Business - No P.O. Box # <b>310 S. DILLARD</b>		3. Mailing Address <b>PO Box 770999</b>			
Suite, Apt. #, etc. <b>#200</b>		Suite, Apt. #, etc.			
City & State <b>Winter Garden, FL</b>		City & State <b>Winter Garden, FL</b>			
Zip <b>34787</b>		Country <b>USA</b>		Zip <b>34777</b>	
Country <b>USA</b>		4. FEI Number <b>20-1677960</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>BIERMAN, JOHN</b> <b>9600 WEATHERSTONE CT</b> <b>WINDERMERE, FL 34786</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"><b>FL</b> Zip Code</div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR</b> <b>BIERMAN, JOHN</b> <b>PO BOX 573</b> <b>WINDERMERE, FL 34786</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date</small>				<small>Daytime Phone #</small>	