

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000073408

**FILED**  
**Feb 23, 2011**  
**Secretary of State**

**Entity Name:** TOM HORTON ROOFING, LLC

**Current Principal Place of Business:**

5463 BROWNTOWN RD  
GRACEVILLE, FL 32440 US

**New Principal Place of Business:**

**Current Mailing Address:**

5463 BROWNTOWN RD  
GRACEVILLE, FL 32440 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HORTON, TOM  
5463 BROWNTOWN RD  
GRACEVILLE, FL 32440 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: O  
Name: HORTON, TOM  
Address: 5463 BROWNTOWN RD  
City-St-Zip: GRACEVILLE, FL 32440 US

Title: MGRM  
Name: DEASE, CHRIS  
Address: 5372 FLORIDA STREET  
City-St-Zip: GRACEVILLE, FL 32440 US

Title: MGRM  
Name: CARNLEY, ROY  
Address: 5521 BROWNTOWN ROAD  
City-St-Zip: GRACEVILLE, FL 32440 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** TOM HORTON

O

02/23/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date