


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000073786 1. Entity Name ALL FLORIDA METAL ROOFS & CONSTRUCTION, LLC	
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Principal Place of Business 530 HARBUCK ROAD DEFUNIAK SPRINGS, FL 32433 US	Mailing Address 530 HARBUCK ROAD DEFUNIAK SPRINGS, FL 32433 US
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02012007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2597349	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent LOWERY, DEREK S 5813 COUNTY HWY. 2 LAUREL HILL, FL 32567

**DO NOT WRITE
IN THIS SPACE**

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 re-registering) DATE _____
Signature, typed or printed name of registered agent and fee if applicable.

**Filing Fee is \$50.00
Due by May 1, 2007**

U000000638447
02/27/07-80031-009 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROADWAY, ERIC J 530 HARBUCK ROAD DEFUNIAK SPRINGS, FL 32433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOWERY, DEREK S 5813 COUNTY HWY. 2 LAUREL HILL, FL 32567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JONES, WESLEY JR 6300 COUNTY HWY 2 LAUREL HILL, FL 32567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:

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

Date

Daytime Phone #

3 Feb 07 ⁽⁸⁷⁰⁾ 546-1532