

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000073936

FILED  
Jun 20, 2006  
Secretary of State

**Entity Name:** CUMINGS CATASTROPHE ROOFING, LLC

**Current Principal Place of Business:**

1414 COUNTY RD. JJ  
NEENAH, WI 54956

**New Principal Place of Business:**

**Current Mailing Address:**

1414 COUNTY RD. JJ  
NEENAH, WI 54956

**New Mailing Address:**

FEI Number: 39-2040417      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

A1A REGISTERED AGENT INC.  
92 SADBERRY RD.  
QUINCY, FL 32351      US

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

CORY, CUMINGS  
1786 SW BILTMORE STREET  
PORT ST. LUCIE, FL 34984      US

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: CORY CUMINGS

06/20/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: CUMINGS, CORY  
Address: 1414 COUNTY ROAD JJ  
City-St-Zip: NEENAH, WI 54956

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: CORY CUMINGS

MGRM

06/20/2006

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