

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 10, 2005 8:00 am
Secretary of State

08-10-2005 90047 047 ****50.00

DOCUMENT # L04000074384					
1. Entity Name T.C. CRUM ROOFING AND GENERAL CONTRACTORS LLC					
Principal Place of Business 12601 SHORESIDE LANE WELLINGTON, FL 33414			Mailing Address 12601 SHORESIDE LANE WELLINGTON, FL 33414		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		08012005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 81-0656501				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CRUM, TOM 12601 SHORESIDE LANE WELLINGTON, FL 33414			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TOM, CRUM 12601 SHORESIDE LANE WELLINGTON, FL 33414	<input type="checkbox"/> Delete		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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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
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: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

ATTACHMENT

006653

T.C. Crum Roofing & General Contractors, LLC

12601 Shoreside Lane
Wellington, FL 33414

July 29, 2005

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Document No. L04000074384
2005 Annual Report

Dear Sir or Madam:

I recently received your Notice of Intent to Dissolve; please be advised this is the only notice I have received about filing an annual report.

As per the instructions, attached is a reinstatement form downloaded from your website and the filing fee for 2005.

Thank you for your assistance with this matter.

Respectfully,



Tom Crum