

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000074473

Entity Name: DOUBLE E ROOFING, LLC

**FILED**  
**Jun 27, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

2051 NORTHWEST 81ST AVENUE #517  
PEMBROKE PINES, FL 33024

**New Principal Place of Business:**

P.O. BOX 63  
ST. PAUL, IN 47272

**Current Mailing Address:**

2051 NORTHWEST 81ST AVENUE #517  
PEMBROKE PINES, FL 33024

**New Mailing Address:**

P.O. BOX 63  
ST. PAUL, IN 47272

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

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

ELLERMAN, DOUGLAS  
2051 NORTHWEST 81ST AVENUE #517  
PEMBROKE PINES, FL 33024 US

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

ELLERMAN, DOUGLAS  
594 NEW YORK DRIVE  
FORT MYERS, FL 33905 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: DOUGLAS ELLERMAN

06/27/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ELLERMAN, DOUGLAS  
Address: P.O. BOX 63  
City-St-Zip: ST. PAUL, IN 47272

Title: MGRM ( ) Delete  
Name: ADKINS, PATRICK  
Address: P.O. BOX 1063  
City-St-Zip: NOBLESVILLE, IN 46061

**ADDITIONS/CHANGES:**

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

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: DOUGLAS ELLERMAN

MGRM

06/27/2006

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