

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000074605

FILED  
Feb 03, 2009  
Secretary of State

Entity Name: CUSTOM ROOFING & EXTERIORS LLC

**Current Principal Place of Business:**

5061 NW 13TH AVENUE  
SUITE G  
POMPANO BEACH, FL 33064

**New Principal Place of Business:**

**Current Mailing Address:**

5061 NW 13TH AVENUE  
SUITE G  
POMPANO BEACH, FL 33064

**New Mailing Address:**

FEI Number: 30-0277796

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

QUINCE, LACRETHIA MGR  
5061 NW 13TH AVENUE  
SUITE G  
POMPANO BEACH, FL 33064 US

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

HUERTA, INEZ MGR  
1721 NE 42 COURT  
POMPANO BEACH, FL 33064 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: INEZ HUERTA

02/03/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: KAPPEL, BRETT A  
Address: 5061 NW 13TH AVENUE, SUITE G  
City-St-Zip: POMPANO BEACH, FL 33064

Title: MGRM ( ) Delete  
Name: DOHERTY, CHARLES D  
Address: 5061 NW 13TH AVENUE, SUITE G  
City-St-Zip: POMPANO BEACH, FL 33064

**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 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: BRETT KAPPEL

MGRM

02/03/2009

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