

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000075301

FILED  
Jul 26, 2005  
Secretary of State

**Entity Name:** ALPHA ROOFING OF JUPITER, LLC

**Current Principal Place of Business:**

18155 JUPITER LANDINGS DR.  
JUPITER, FL 33458 US

**New Principal Place of Business:**

**Current Mailing Address:**

18155 JUPITER LANDINGS DR.  
JUPITER, FL 33458 US

**New Mailing Address:**

PO BOX 35  
JUPITER, FL 33468 US

FEI Number: 20-1766799      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:**

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

SPURLOCK, ELIZABETH  
18155 JUPITER LANDINGS DR.  
JUPITER, FL 33458 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SPURLOCK, ELIZABETH  
Address: 18155 JUPITER LANDINGS DR.  
City-St-Zip: JUPITER, FL 33458 US

Title: MGR ( ) Delete  
Name: FUTCH, DAVID  
Address: 18155 JUPITER LANDINGS DR  
City-St-Zip: JUPITER, FL 33458 US

**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 Section 119.07(3)(i), 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: ELIZABETH SPURLOCK

MGR

07/26/2005

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