



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 05, 2007 08:00 A
Secretary of State

DOCUMENT # L04000081711	
1. Entity Name NOLBERTO HERNANDEZ SOFFIT/FASCIA LLC	

Principal Place of Business 903 GLOUCESTER COURT KISSIMMEE, FL 34758	Mailing Address 903 GLOUCESTER COURT KISSIMMEE, FL 34758
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DO NOT WRITE IN THIS SPACE

	
02112007No Chg-LLC	CR2E083 (11/05)
4. FEI Number 20-1861346	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

**HERNANDEZ, NOLBERTO I
903 GLOUCESTER COURT
KISSIMMEE, FL 34758**

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IN THIS SPACE

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 May 1, 2007**

U000000657359
03/14/07-80063-024 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HERNANDEZ, NOLBERTO I 903 GLOUCESTER COURT KISSIMMEE, FL 34758
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Nolberto Hernandez* **02-27-07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #