

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90021 048 \*\*\*\*50.00

**DOCUMENT # L04000082035**

1. Entity Name  
**HYNES ROOFING, LLC**



Principal Place of Business  
**418 SOUTHWEST LACONIC AVE.  
PORT ST. LUCIE, FL 34953**

Mailing Address  
**418 SOUTHWEST LACONIC AVE.  
PORT ST. LUCIE, FL 34953**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04292005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**20-1869676**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145**

**7. Name and Address of New Registered Agent**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00  
Due by May 1, 2005

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS / MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGR  
HYNES, RICHARD J  
418 SOUTHWEST LACONIC AVE.  
PORT ST. LUCIE, FL 34953**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**ST  
HYNES, RICHARD J  
418 SOUTHWEST LACONIC AVE.  
PORT ST. LUCIE, FL 34953**

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ 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 #

*Richard J. Hynes*

**4-27-05 772 336 5950**