

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000009508

FILED
Jan 04, 2008
Secretary of State

Entity Name: ALAN TAYLOR ROOFING LLC

Current Principal Place of Business:

4170 HALL BOREE ROAD
MIDDLEBURG, FL 32068

New Principal Place of Business:

Current Mailing Address:

4170 HALL BOREE ROAD
MIDDLEBURG, FL 32068

New Mailing Address:

FEI Number: 14-1921700 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAYLOR, ALAN H
4170 HALL BOREE ROAD
MIDDLEBURG, FL 32068 US

Name and Address of New Registered Agent:

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: TAYLOR, ALAN H
Address: 4170 HALL BOREE ROAD
City-St-Zip: MIDDLEBURG, FL 32068

Title: MEM () Delete
Name: DOBSON, JOHN E
Address: 4170 HALL BOREE ROAD
City-St-Zip: MIDDLEBURG, FL 32068

Title: MEM () Delete
Name: TAYLOR, ALAN M
Address: 4170 HALL BOREE ROAD
City-St-Zip: MIDDLEBURG, FL 32068

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: DOBSON, JOHN E
Address: 4170 HALL BOREE ROAD
City-St-Zip: MIDDLEBURG, FL 32068

Title: MGRM (X) Change () Addition
Name: TAYLOR, ALAN M
Address: 4170 HALL BOREE ROAD
City-St-Zip: MIDDLEBURG, FL 32068

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: ALAN TAYLOR

MGR

01/04/2008

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