2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 01, 2006
Secretary of State

DOCUMENT# L05000014046

Entity Name: ROOFS NOW, LLC

Current Principal Place of Business:

WYMAN CLARK
3401 BRONCO DRIVE
SOUTHPORT, FL 32409

New Principal Place of Business:

Current Mailing Address:

WYMAN CLARK
3401 BRONCO DRIVE
SOUTHPORT, FL 32409

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:

CLARK, WYMAN
3401 BRONCO DRIVE
SOUTHPORT, FL 32409 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: WYMAN CLARK

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: CLARK, WYMAN
Address: 3401 BRONCO DRIVE
City-St-Zip: SOUTHPORT, FL 32409

Title: MGRM ( ) Delete
Name: MCCORMICK, DOUG
Address: 26TH STREET
City-St-Zip: LYNN HAVEN, FL 32444

Title: MGRM ( ) Delete
Name: CLARK, JACOB
Address: 3401 BRONCO DRIVE
City-St-Zip: SOUTHPORT, FL 32409

ADDITIONS/CHANGES:

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

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 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: DOUG MCCORMICK MGRM 11/01/2006

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