

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000025274

FILED
Jan 12, 2007
Secretary of State

Entity Name: TACOMA ROOFING & CONTRACTING, LLC

Current Principal Place of Business:

PO BOX 99
MILTON, FL 32572

New Principal Place of Business:

4051 FLORIDATOWN RD
PACE, FL 32571

Current Mailing Address:

PO BOX 99
MILTON, FL 32572

New Mailing Address:

FEI Number: 81-0666568

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOOD, THOMAS H JR
6326 HARVARD CT
PENSACOLA, FL 32504 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: HOOD, THOMAS H JR
Address: 6326 HARVARD CT
City-St-Zip: PENSACOLA, FL 32534

Title: MGR () Delete
Name: MURPHY, J. DAVID II
Address: 4832 JENNIFER LN
City-St-Zip: PACE, FL 32571

Title: MGR (X) Delete
Name: OCEJA, GALILEO
Address: 1317 FOXBOROUGH DR
City-St-Zip: PENSACOLA, FL 32514

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HOOD, THOMAS H JR
Address: PO BOX 99
City-St-Zip: MILTON, FL 32572

Title: MGR (X) Change () Addition
Name: MURPHY, J. DAVID II
Address: PO BOX 99
City-St-Zip: MILTON, FL 32572

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: T H HOOD

MGR

01/12/2007

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