2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000025380



FILED Apr 13, 2006 8:00 am Secretary of State

MAIR Address	1. Entity Name S&S PROFESSIONAL ROOFING LLC					04-13-2006	90032 010	****50.	.00	
Sulfe, Apt. #, etc.	1455 DAVIS STREET		P.O. BOX 669	P.O. BOX 669						
Coy & State	2. Principal P	lace of Business	3. Mailing Address	3. Mailing Address						
Country Zip Country Zip Country Zip S. Ceditacte of Status Desired S. S. 000 Agriculture of Status Desired S. S. O00 Agriculture of Status	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Chg-LLC	CR2E083	(11/05)		
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Name Name Street Address of New Registered Agent City City City City FL Application of registered agent. or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent. or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent. Interpretation of registered agent. Or both, in the State of Florida. I am familiar with, and accept the collegation of registered agent. Or both, in the State of Florida. I am familiar with, and accept the collegation of registered agent. Interpretation of registered agent. Or both, in the State of Florida. I am familiar with, and accept the collegation of registered agent. Inte	City & State		City & State	City & State			Applied For Not Applicable			
Name Name Street Address (P.O. Box Number is Not Acceptable)	Zip			Country			Fee	e Required		
SMITH, DAN 1455 DAVIS STREET WAUCHULA, FL 33873 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 objections or registered agent, or both, in the State of Florida. I am familiar with, and accept the objections or registered agent. SIGNATURE FILING Fee is \$50.00 Due by May 1, 2006 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 111E MARK SMETH, DAN MAKE SMETH ADDRESS MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 10. ADDITIONS/CHANGES WAUCHULA, FL 33873 TITLE MARK MAKE SMETH ADDRESS MARK Oblete MAKE SMETH ADDRESS MARK Oblete SMETH ADDRESS CITY-ST-2P FT MEADE, FL 33841 TITLE MAKE MAKE SMETH ADDRESS CITY-ST-2P TITLE MAK		6. Name and Address of Currer	nt Registered Agent							
Steel Address (P.O. Box Number is Not Acceptable) City	CLUT!! DA			Name						
B. The above named entity submits this statement for the purpose of changing its registered algent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent. SiGNATURE Filling Fee is \$50.00	1455 DAVIS STREET			Street Addres	Street Address (P.O. Box Number is Not Acceptable)					
B. The above named entity submits this statement for the purpose of changing its registered algent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent. SiGNATURE Filling Fee is \$50.00								ŀ		
the obligations of registered agent. SIGNATURE Pilling Poe is \$50.00 Due by May 1, 2006 Pilling Poe is \$50.00 Pillin					City FL Zip Code					
Filling Fee is \$50.00 Due by May 1, 2006 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ITILE MGRM SMITH, DAN SIREET ADDRESS CITY-ST-ZIP WAUCHULA, FL 33873 TILE MGRM Debte SMITH, MITCHELL SMEET ADDRESS CITY-ST-ZIP TILE MGRM Debte SMITH, MITCHELL SIREET ADDRESS CITY-ST-ZIP TILE MGRM Debte SMITH, MITCHELL SIREET ADDRESS CITY-ST-ZIP TILE MGRM Debte SMITH, MITCHELL SIREET ADDRESS CITY-ST-ZIP TILE MGRM Debte SIREET ADDRESS CITY-ST-ZIP TILE MGRM Debte SIREET ADDRESS CITY-ST-ZIP TILE MGRM Debte SIREET ADDRESS CITY-ST-ZIP TILE MGRM SIREET ADDRESS CITY-ST-ZIP TILE MAKE SIREET ADDRESS CITY-ST-ZIP TILE SIRET ADDRESS CITY-ST-ZIP TILE SIRET ADDRESS CITY-ST-ZIP TILE SIRET ADRESS CITY-ST-ZIP TILE SIRET ADDRESS CITY-ST-ZIP TILE SIRET ADDR			for the purpose of changing its	s registered office or regis	stered agent, or b	oth, in the State of F	lorida. I am farr	illiar with, a	and accept	
Filing Fee is \$50.00 Due by May 1, 2006 9. MANAGING MEMBERS/MANAGERS 1D. ADDITIONS/CHANGES TITLE MGRM Delete TITLE MGRM 1455 DAVIS STREET ADDRESS CITY-ST-ZP CIT	SIGNATURE.	Signature, byged or crinted name of registered age	ent and little if applicable (NO)	F: Registered Agent signature requ	ired when reinstation)	· · · · · · · · · · · · · · · · · · ·	DATE			
9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES TITLE MGRM Delate SITTLE NAME NAME 1455 DAVIS STREET CITY-S1-2IP TITLE MGRM DELATE STREET ADDRESS CITY-S1-2IP TITLE NAME STREET ADDRESS CITY-S1-2IP TITLE		alg. alast, types or printed harrost regionate ago	, is	E. registeres rigori digitates requ			UAIL			
MGRM Delete TITLE NAME SMITH, DAN SMITH, MICHELL SMAKE SMITH, MITCHELL Delete TITLE NAME SMITH, MITCHELL Delete SMAKE SMITH, MITCHELL SMAKE SMITH, MITCHELL Delete SMITH, MAKE SM	5 T 14 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4							•		
TITLE NAME SMITH, DAN SMITH, MITCHELL STREET ADDRESS CITY-ST-ZIP TITLE MAME SMITH, MITCHELL STREET ADDRESS CITY-ST-ZIP TITLE NAME SMITH, MITCHELL STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CHange Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP STR	9.	MANAGING MEMI	BERS/MANAGERS	10.		ADDITIONS	/CHANGES			
SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP	TIŢLE	MGRM	☐ Delete	TITLE] Change	☐ Addition	
CITY-S1-ZIP	NAME			NAME						
TITLE NAME SITECT ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	•									
NAME SIRET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				 				_		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		I	☐ Delete] Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		Į.								
TITLE NAME STREET ADDRESS CITY-ST-ZIP		l .								
NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE	<u> </u>	☐ Delete	TITLE			F	7 Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP							_	•		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS									
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP			CITY-ST-ZIP						
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete] Change	Addition	
CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME NAME Addition Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP										
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Oekete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE OEkete TITLE OEKETE STREET ADDRESS CITY-ST-ZIP									ļ	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Oekete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE OEkete TITLE OEKETE STREET ADDRESS CITY-ST-ZIP			☐ Delete] Chance	Addition	
CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP							_		_	
ITILE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	STREET ADDRESS			STREET ADDRESS						
NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP			CITY-ST-ZIP						
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	TITLE		☐ Delete					Change	☐ Addition	
CITY-ST-ZIP CITY-ST-ZIP	1	ŀ		NAME						
	STREET ADDRESS	ł .		ATREET ARROADO						
	CiTY-ST-7IP									

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 by execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:
SIGNATURE and TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, ON OUTHORIZED REPRESENTATIVE

10-06