

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000033524

1. Entity Name
GRAZIANO ROOFING OF FLORIDA LLC



FILED

07 OCT 17 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
17177 127TH DR NORTH
JUPITER, FL 33478

Mailing Address
P.O. BOX 1066
SANTA CLARA, CA 91386

Santa Clara,

2. Principal Place of Business - No P.O. Box #

3. Mailing Address



Suite, Apt. #, etc.

Suite, Apt. #, etc.

10082007 REIN-LLC

CR2E101 (1/07)

City & State

City & State

4. FEI Number
59-3802226

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name *Joe Graziano*

Street Address (P.O. Box Number is Not Acceptable)

17177 127TH Dr North

City *Jupiter*

FL

Zip Code *33478*

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]

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

(NOTE: Registered Agent signature required when reinstating)

10/9/2007

DATE

FILE NOW!!! FEE IS \$50.00
After January 1, 2008, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME GRAZIANO, JOE
STREET ADDRESS 17177 127TH DR NORTH
CITY-ST-ZIP JUPITER, FL 33478

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS *700110920567*
CITY-ST-ZIP *10/17/07--01074--007 **\$5.00*

TITLE MGR ☐ Delete
NAME STANFORD, ADAM
STREET ADDRESS 17177 127TH DR NORTH
CITY-ST-ZIP JUPITER, FL 33478

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

REINSTATEMENT

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

10/9/07

Date

661-252-3914

Daytime Phone #