

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90042 030 ***143.75

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04242008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L05000033524			
1. Entity Name GRAZIANO ROOFING OF FLORIDA LLC			
Principal Place of Business 17177 127TH DR NORTH JUPITER, FL 33478		Mailing Address P.O. BOX 1066 SANTA CLARITA, CA 91386	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>28368 Constellation</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>350</i>	
City & State		City & State <i>Valencia</i>	
Zip		Zip <i>91355</i>	
Country		Country <i>else</i>	
4. FEI Number 59-3802226		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRAZIANO, JOE 17177 127TH DR NORTH JUPITER, FL 33478 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STANFORD, ADAM 17177 127TH DR NORTH JUPITER, FL 33478 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Joseph Graziano</i>		Date: <i>4/28/2008</i> ext 206 661-705-1225	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	