

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90023 004 ****55.00

DOCUMENT # L05000065945

1. Entity Name

R & D ROOFING, LLC



Principal Place of Business

2823 WATER VIEW CIRCLE
JACKSONVILLE FL 32226

Mailing Address

2823 WATER VIEW CIRCLE
JACKSONVILLE FL 32226



2. Principal Place of Business

394670 Kolars Ferry Rd.

Suite, Apt. #, etc.

3. Mailing Address

394670 Kolars Ferry Rd.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

Hilliard Florida

City & State

Hilliard Florida

4. FEI Number

203093774

Applied For

Not Applicable

Zip

32046

Country

Nassau

Zip

32046

Country

Nassau

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MELLROY, LAWTON R JR
2823 WATER VIEW CIRCLE
JACKSONVILLE FL 32226

7. Name and Address of New Registered Agent

Name

Mellroy, Lawton R Jr.

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

394670 Kolars Ferry Rd.

City

Hilliard

FL

Zip Code

32046

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

Lawton R. Mellroy Jr.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State.
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME MELLROY, LAWTON R JR
STREET ADDRESS 2823 WATER VIEW CIRCLE
CITY-ST-ZIP JACKSONVILLE FL 32226

☐ Delete

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10. ADDITIONS / CHANGES

TITLE MGRM
NAME Mellroy, Lawton R Jr.
STREET ADDRESS 394670 Kolars Ferry Rd.
CITY-ST-ZIP Hilliard FL 32046

☒ Change ☐ Addition

TITLE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Lawton R. Mellroy Jr.

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

3-15-06 (904)608-4442

Date

Daytime Phone #