

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000070895

FILED  
Jul 30, 2007  
Secretary of State

Entity Name: MCCLINTOCK ROOFING LLC

**Current Principal Place of Business:**

4710 TIMBERLANE RD  
LAKE WALES, FL 33898

**New Principal Place of Business:**

**Current Mailing Address:**

4710 TIMBERLANE RD  
LAKE WALES, FL 33898

**New Mailing Address:**

FEI Number: 20-3248441      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

MCCLINTOCK, GEORGE W II  
4710 TIMBERLANE RD  
LAKE WALES, FL 33898      US

**Name and Address of New Registered Agent:**

ALL FLORIDA FIRM INC  
813 DELTONA BLVD  
SUITE A  
DELTONA, FL 32725 US

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: JAMISON MARK JESSUP SR

07/30/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: MCCLINTOCK, GEORGE W II  
Address: 4710 TIMBERLANE RD  
City-St-Zip: LAKE WALES, FL 33898

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: MCCLINTOCK, GEORGE W II  
Address: 4710 TIMBERLANE RD  
City-St-Zip: LAKE WALES, FL 33898

I hereby certify that the information supplied with this filing does not qualify 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: GEORGE MCCLINTOCK

MGRM

07/30/2007

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