## **2008 LIMITED LIABILITY COMPANY**

## **ANNUAL REPORT** DOCUMENT # L05000072206 **FILED** 1. Entity Name RANDY MARTINEZ ROOFING, LLC Aug 08, 2008 08:00 AM Secretary of State Principal Place of Business Mailing Address 9363 COUNTY ROAD 735 PO BOX 522 WEBSTER, FL 33597 WEBSTER, FL 33597 07162008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 26-0122670 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent MARTINEZ, RANDY DO NOT WRITE P.O. BOX 522 WEBSTER, FL 33597 IN THIS SPACE 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, typed or printed name of registered agent and title if explicable. (NOTE: Registered Agent signature required when reinstating): FILE NOW!! FEE 18 \$538.75 Due by September 12, 2008 9. MANAGING MEMBERS/MANAGERS TITLE MGR NAME MARTINEZ, RANDY U00000957331 08/08/08-80004-012 538.75 STREET ADDRESS P.O. BOX 522 CITY-ST-ZIP WEBSTER, FL 33597 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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.

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP