

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000074974

FILED
Jun 29, 2007
Secretary of State

Entity Name: SUMMIT ROOFING & CONTRACTING, LLC

Current Principal Place of Business:

2041 AGORA CIRCLE, SE
#102
PALM BAY, FL 32907 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 101331
PALM BAY, FL 32910 US

New Mailing Address:

FEI Number: 20-3229045 **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:

Name and Address of New Registered Agent:

WYCKOFF, MICHAEL E
2041 AGORA CIRCLE SE
#102
PALM BAY, FL 32907 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MNGM () Delete
Name: WYCKOFF, MICHAEL E
Address: P.O. BOX 101331
City-St-Zip: PALM BAY, FL 32910 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MBR (X) Delete
Name: BAY, NATHAN
Address: P.O. BOX 101331
City-St-Zip: PALM BAY, FL 32910 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MBR (X) Delete
Name: CARTER, RUSSELL
Address: P.O. BOX 101331
City-St-Zip: PALM BAY, FL 32910 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MICHAEL WYCKOFF

MNGM

06/29/2007

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