


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000080338					
1. Entity Name ROOFSAVERS LLC					
Principal Place of Business 1648 METROPOLITAN CIRCLE TALLAHASSEE, FL 32308 US			Mailing Address 1648 METROPOLITAN CIRCLE TALLAHASSEE, FL 32308 US		
2. Principal Place of Business - No P.O. Box # 3053 N. FULMER CIRCLE		3. Mailing Address Same			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State TALLAHASSEE FL		City & State		4. FEI Number 04-3823207	
Zip 32303		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ALLEN, BRIAN P 1648 METROPOLITAN CIRCLE TALLAHASSEE, FL 32308			7. Name and Address of New Registered Agent Name MITCHELL ALLARD Street Address (P.O. Box Number is Not Acceptable) 3053 N. FULMER CIRCLE City TALLAHASSEE FL Zip Code 32303		
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 <u><i>Mitchell Allard</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>7/9/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALLEN, BRIAN P 1648 METROPOLITAN CIRCLE TALLAHASSEE, FL 32308	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MITCHELL ALLARD 3053 N. FULMER CIRCLE TALLAHASSEE FL. 32303	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALLEN, STEVEN S 1648 METROPOLITAN CIRCLE TALLAHASSEE, FL 32308	<input checked="" 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: <u><i>Mitchell Allard</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				DATE <u>7/9/07</u> DAYTIME PHONE # <u>508-9841</u> <small>Date Daytime Phone #</small>	

FILED

07 JUL 10 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07092007 Chg-LLC CR2E083 (12/06)

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

Name
MITCHELL ALLARD

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

3053 N. FULMER CIRCLE

City TALLAHASSEE

FL

Zip Code 32303

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SIGNATURE

Mitchell Allard

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

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7/9/07

DATE

Filing Fee is \$50.00
Due by September 14, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ALLEN, BRIAN P
1648 METROPOLITAN CIRCLE
TALLAHASSEE, FL 32308

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
ALLEN, STEVEN S
1648 METROPOLITAN CIRCLE
TALLAHASSEE, FL 32308

☒ Delete

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CITY-ST-ZIP

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MGRM
MITCHELL ALLARD
3053 N. FULMER CIRCLE
TALLAHASSEE FL. 32303

☒ Change ☐ Addition

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SIGNATURE:

Mitchell Allard

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

7/9/07

Date

508-9841

Daytime Phone #