

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000084762

**FILED**  
**Mar 18, 2007**  
**Secretary of State**

**Entity Name:** JOHN G GORDON JR ROOFING, LLC

**Current Principal Place of Business:**

509 SPRING ACRES COVE  
NICEVILLE, FL 32578

**New Principal Place of Business:**

**Current Mailing Address:**

509 SPRING ACRES COVE  
NICEVILLE, FL 32578

**New Mailing Address:**

**FEI Number:** 20-3368292

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GORDON, JOHN G JR.  
509 SPRING ACRES COVE  
NICEVILLE, FL 32578 US

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

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:**

Title: MGRM ( ) Delete  
Name: GORDON, JOHN G JR.  
Address: 509 SPRING ACRES COVE  
City-St-Zip: NICEVILLE, FL 32578

Title: MGRM ( ) Delete  
Name: GAMBLE-GORDON, LILA D  
Address: 509 SPRING ACRES COVE  
City-St-Zip: NICEVILLE, FL 32578

**ADDITIONS/CHANGES:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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:** LILA GAMBLE-GORDON

MGRM

03/18/2007

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