


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 31, 2006 8:00 am
Secretary of State

08-31-2006 90044 012 ****55.00

DOCUMENT # L05000092383	
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1. Entity Name
S & M ROOFING LLC

Principal Place of Business

1460 GREENWAY PL
ORANGE PARK, FL 32003

Mailing Address

P.O. BOX 6246
JACKSONVILLE, FL 32236

2. Principal Place of Business

1460 Greenway Pl.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 6246

Suite, Apt. #, etc.

City & State

Orange Park FL

City & State

Jax FL

Zip

32003

Country

US

Zip

32236

Country

08232006 Chg-LLC CR2E083 (11/05)

4. FEI Number
13-4309354

Applied For

Not Applicable

5. Certificate of Status Desired

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\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHELTON, JAMES W
1460 GREENWAY PL
ORANGE PARK, FL 32003

7. Name and Address of New Registered Agent

Name JAMES W. Shelton

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

1460 Greenway Pl

City ORANGE PARK

FL

Zip Code

32003

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

James W. Shelton

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

(NOTE: Registered Agent signature required when restate)

8/24/06

DATE

Filing Fee is \$50.00
Due by September 6, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	SHELTON, JAMES	
STREET ADDRESS	1460 GREENWAY PL	
CITY-ST-ZIP	OPALOCKA, FL 32003	Change Please To orange Park

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	SHELTON, HEATHER	
STREET ADDRESS	1460 GREENWAY PL	
CITY-ST-ZIP	ORANGE PARK, FL 32003	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

James W. Shelton

8/24/06