FILED
Sep 13, 2006 8:00 am
Secretary of State

07-21-2006 90083 037 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000107963

1. Entity Name
DELTA ROOFING, LLC

Principal Place of Business	Mailing Address
9194 CLEWISTON TERRACE ENGLEWOOD, FL 34224	9194 CLEWISTON TERRACE ENGLEWOOD, FL 34224

30013278

07132006 Chg-LLC CR2E083 (11/06)

2. Principal Place of Business	3. Mailing Address
9194 Clewiston Ter.	9194 Clewiston Ter
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Englewood Fl.	City & State: Englewood Fl.
Zip: 34224 Country:	Zip: 34224 Country:

4. FEI Number: 16 174 5493 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DOYLE, THOMAS T
9194 CLEWISTON TERRACE
ENGLEWOOD, FL 34224

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 Thomas T. Doyle Thomas T. Doyle 7-14-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M.G.R.M. Thomas T. Doyle 9194 Clewiston Ter. Englewood Fla. 34224 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM. ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Thomas T. Doyle Thomas T. Doyle 7-12-06 cell 978-423-2134
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #