

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000107963

1. Entity Name
DELTA ROOFING, LLC



Principal Place of Business
9194 CLEWISTON TERRACE
ENGLEWOOD, FL 34224

Mailing Address
9194 CLEWISTON TERRACE
ENGLEWOOD, FL 34224

FILED
Aug 25, 2008 08:00 AM
Secretary of State



08122008 No Chg-LLC

CR2E083 (12/07)

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4. FEI Number
16-1745493

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

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IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reappointing)

DATE _____

FILE NOW!!! FEE IS \$538.75
Due by September 12, 2008

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	DOYLE, THOMAS T
STREET ADDRESS	9194 CLEWISTON TERR
CITY- ST- ZIP	ENGLEWOOD, FL 34224
TITLE	MGMR
NAME	SOVAN, SHANE
STREET ADDRESS	9194 CLEWISTON TERR
CITY- ST- ZIP	ENGLEWOOD, FL 34224
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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08/25/08-80004-007 538.75

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IN THIS SPACE**

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: _____

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

Date _____

Daytime Phone # _____