2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000123498

7813 NW 20TH DR

GAINESVILLE, FL 32653 US

Address:

City-St-Zip:

Entity Name: ALFRED H. SCHMIDT ROOFING CONTRACTOR, LLC

FILED Feb 01, 2007 Secretary of State

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
303 - B At	NASTASIA BLVD			
#141				
ST. AUGU	JSTINE, FL 32080 US			
Current Mailing Address:		New Mailing Addres	New Mailing Address:	
P.O. BOX MELROSE	1094 E, FL 32666 US			
FEI Number	: FEI Number Applied For ()	FEI Number Not Applicable (X)	Certificate of Status Desired (X)	
Name and	d Address of Current Registered Agent:	: Name and Address o	of New Registered Agent:	
11925 NE GAINESVI The above	ILLE, FL 32641 US named entity submits this statement for the	ne purpose of changing its registere	ed office or registered agent, or both	
in the State	e of Florida.			
SIGNATU	RE:			
	Electronic Signature of Registered	Agent	Date	
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	MGR () Delete SCHMIDT, CHRISTINE M 11925 NE 7TH AVE GAINESVILLE, FL 32641 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGR () Delete SCHMIDT, GREGORY A 11925 NE 7TH AVE GAINESVILLE, FL 32641 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGR (X) Delete SCHMIDT, KAREN R 7813 NW 20TH DR GAINESVILLE, FL 32653 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGR (X) Delete SCHMIDT, JULIANNE S 2063 NW 76TH PL GAINESVILLE, FL 32653	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	MGR (X) Delete LEWIS, JAMES A	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: ALFRED H SCHMIDT MGR 02/01/2007