

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 02, 2008 8:00 am
Secretary of State

07-02-2008 90039 006 ***143.75

DOCUMENT # L06000007225

1. Entity Name
SENEZ ROOFING, LLC



Principal Place of Business
**1060 EAST INDUSTRIAL DRIVE
UNIT K
ORANGE CITY, FL 32763 US**

Mailing Address
**1060 EAST INDUSTRIAL DRIVE
UNIT K
ORANGE CITY, FL 32763 US**

DO NOT WRITE IN THIS SPACE



05192008No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-4157617

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GUARDIANO, STEVEN J
412 N. WILD OLIVE AVENUE
DAYTONA BEACH, FL 32118**

**DO NOT WRITE
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

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

(NOTE: Registered Agent signature required when reinstating)

5/1/08

DATE

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SENEZ, ISAAC
STREET ADDRESS	P.O. BOX 740574
CITY-ST-ZIP	ORANGE CITY, FL 32774
TITLE	VP
NAME	SENEZ, ERICKA
STREET ADDRESS	P.O. BOX 740574
CITY-ST-ZIP	ORANGE CITY, FL 32774
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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

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

5/1/08

Date

386-774-4950

Daytime Phone #