

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000018700

FILED
May 18, 2007
Secretary of State

Entity Name: TRICOAST ROOFING OF BROWARD, LLC

Current Principal Place of Business:

1025 SW 22ND STREET
FORT LAUDERDALE, FL 33315

New Principal Place of Business:

Current Mailing Address:

1025 SW 22ND STREET
FORT LAUDERDALE, FL 33315

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

A1A REGISTERED AGENT INC
92 SADBERRY ROAD
QUINCY, FL 32351 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TAYLOR, DAVID
Address: 572 VINTAGE POINTE RUN
City-St-Zip: MABLETON, GA 30126

Title: MGRM () Delete
Name: CARTER, BARRY
Address: 50 BARRETT PKWY STE 1200-302
City-St-Zip: MARIETTA, GA 30066

Title: MGRM () Delete
Name: KELLEY, SEAN
Address: 1717 SOUTH LOWELL STREET
City-St-Zip: ARLINGTON, VA 22204

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: DAVID TAYLOR

MGRM

05/18/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date