

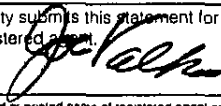
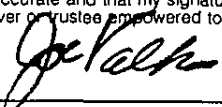


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 16, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L06000021405</b>		
1. Entity Name <b>PREMIER ROOFING AND WATERPROOFING LLC</b>		
Principal Place of Business <b>293 SOUTHWEST PORT ST. LUCIE BLVD. PORT ST. LUCIE, FL 34984 US</b>	Mailing Address <b>293 SOUTHWEST PORT ST. LUCIE BLVD. PORT ST. LUCIE, FL 34984 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
		
		01142008No Chg-LLC      CR2E083 (12/07)
		4. FEI Number <b>20-4389243</b>
		<div style="float: right; text-align: right;">Applied For <input type="checkbox"/> Not Applicable</div>
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>
6. Name and Address of Current Registered Agent		
<b>MILLER, JOHN P 2499 GLADES ROAD SUITE 305A BOCA RATON, FL 33431</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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: 		DATE: <b>1/14/08</b>
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		
<div style="display: flex; justify-content: space-between;"><div><b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b></div><div style="text-align: right;">U000000787099 <b>01/17/08-80068-024 138.75</b></div></div>		
9. MANAGING MEMBERS/MANAGERS		
TITLE	MGRM	
NAME	DEAN, JASON T	
STREET ADDRESS	2 HERITAGE WAY	
CITY-ST-ZIP	SEWALLS POINT, FL 34996	
TITLE	MGRM	
NAME	VALKO, JOSEPH	
STREET ADDRESS	107 HILLCREST COURT	
CITY-ST-ZIP	SEWALLS POINT, FL 34996	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
<b>DO NOT WRITE IN THIS SPACE</b>		
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: 		DATE: <b>1/14/08</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #