

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000021405

FILED  
Jan 22, 2009  
Secretary of State

**Entity Name:** PREMIER ROOFING AND WATERPROOFING LLC

**Current Principal Place of Business:**

293 SOUTHWEST PORT ST. LUCIE BLVD.  
PORT ST. LUCIE, FL 34984 US

**New Principal Place of Business:**

2 HERITAGE WAY  
SEWALLS POINT, FL 34996 US

**Current Mailing Address:**

293 SOUTHWEST PORT ST. LUCIE BLVD.  
PORT ST. LUCIE, FL 34984 US

**New Mailing Address:**

2 HERITAGE WAY  
SEWALLS POINT, FL 34996 US

**FEI Number:** 20-4389243

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MILLER, JOHN P  
2499 GLADES ROAD  
SUITE 305A  
BOCA RATON, FL 33431 US

**Name and Address of New Registered Agent:**

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: DEAN, JASON T  
Address: 2 HERITAGE WAY  
City-St-Zip: SEWALLS POINT, FL 34996

Title: MGRM ( ) Delete  
Name: VALKO, JOSEPH  
Address: 107 HILLCREST COURT  
City-St-Zip: SEWALLS POINT, FL 34996 US

**ADDITIONS/CHANGES:**

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: JASON DEAN

MGRM

01/22/2009

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