

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000025186

FILED
Feb 05, 2008
Secretary of State

Entity Name: M-PRO CUSTOM SOFFIT & SERVICES, LLC

Current Principal Place of Business:

3310 N.W. 18TH STREET
GAINESVILLE, FL 32605

New Principal Place of Business:

6610 MEANDERING WAY
BRADENTON, FL 34202

Current Mailing Address:

3310 N.W. 18TH STREET
GAINESVILLE, FL 32605

New Mailing Address:

6610 MEANDERING WAY
BRADENTON, FL 34202

FEI Number: 20-4598684

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEBER, SCOTT P
101 EAST KENNEDY BLVD., SUITE 2000
C/O DLA PIPER RUDNICK GRAY CARY US LLP
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

WEBER, SCOTT P
100 S. ASHLEY DR SUITE 1900
C/O PHELPS DUNBAR LLP
TAMPA, FL 33602 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:

02/05/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MM () Delete
Name: WEBER, MARK J
Address: 3310 NW 18TH ST
City-St-Zip: GAINESVILLE, FL 32605

Title: MM (X) Delete
Name: KARNOPP, BRIGETTA M
Address: 3310 NW 18TH ST
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES:

Title: MM (X) Change () Addition
Name: WEBER, MARK J
Address: 6610 MEANDERING WAY
City-St-Zip: BRADENTON, FL 34202

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: MARK J. WEBER

MM

02/05/2008

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