106000034919

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
/P::	siness Entity Nar	me)
(Bu	Siliess Citaly Ival	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
·		

Office Use Only



800220364558

02/10/12--01036--003 **55.00

12 FEB 10 RM 12: 29

BECKETARY OF STATE
TALLAHASSEE: FUORIBE

D. BRUCE FEB 1 3 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ROOF DEPOT USA, LLC Name of Limited Liability Company
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
SANDRA P. VAZQUEZ Name of Person ROOF DEPOT USA, LLC Firm/Company
Address Miami, PL 38142 City/State and Zip Code accounting a roof-depotusa.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Marina Domingvez at (305) U38-1849 Name of Person () Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:
\$25 Filing Fee \$ Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.50 liability company submits the following statement in order agent, or both, in the State of Florida.	8, Florida Statutes, the undersigned limited to change its registered office or registered		
1. Name of the limited liability company:	DEPOT USA, LLC		
2. (a) Principal office address of limited liability company	5400 NW 37th AVE		
(Note: MUST BE STREET ADDRESS)	MIAMI, 76 33142		
(b) Mailing address of limited liability company:	Same as above		
(Note: MAY BE POST OFFICE BOX)			
3. Date of filing/registration in Florida	L0 (000034919 1. Document number		
5. (a) Registered Agent and Registered Office shown on the			
Registered Agent:	SANDRA P. WARZ VP.		
Registered Office Address:	5400 NW 37th AVE MIAMI, FL 33142		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	Registered Office address: SANORA P. VAZQUEZ YP.		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	5400 NW 37th AVE. MIMILI, FL 33142		
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Floand the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherworthe operating agreement of the limited liability company. Signature of a member of authorized representative of a member Printed or typed name of signee I hereby accept the appointment as registered agent and aground I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company Signature of registered agent Division of Corporations, P.O. Box 632	reee to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.		
FILING FEE: \$25.00			