

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000038619

FILED
May 09, 2008
Secretary of State

Entity Name: INTERCOASTAL ROOFING SOLUTIONS, LLC

Current Principal Place of Business:

117 ALDEA DR.
SEBASTIAN, FL 32958

New Principal Place of Business:

Current Mailing Address:

PO BOX 781449
SEBASTIAN, FL 329781449

New Mailing Address:

FEI Number: 20-4709644 FEI Number Applied For () 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:

VALLEY, STEVEN F
117 ALDEA DRIVE
SEBASTIAN, FL 32958 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: MGR () Delete
Name: VALLEY, STEVEN F
Address: 117 ALDEA DRIVE
City-St-Zip: SEBASTIAN, FL 32958

Title: MGR () Delete
Name: WOLCSON, BEVERLY L
Address: 465 NW FENDERBUSH WAY
City-St-Zip: JENSEN BEACH, FL 34957

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: STEVEN F VALLEY

MGR

05/09/2008

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