

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000041153

Entity Name: I & M ROOFING, LLC

FILED
Jan 09, 2009
Secretary of State

Current Principal Place of Business:

1597 S. STATE ROAD 7, SUITE C
NORTH LAUDERDALE, FL 33068 US

New Principal Place of Business:

Current Mailing Address:

1597 S. STATE ROAD 7, SUITE C
NORTH LAUDERDALE, FL 33068 US

New Mailing Address:

6809 MERION PLACE
NORTH LAUDERDALE, FL 33068 US

FEI Number: 20-4733046 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

TELUS, MOISE
1597 S. STATE ROAD 7, SUITE C
NORTH LAUDERDALE, FL 33068 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: MOISE TELUS

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TELUS, MOISE
Address: 1597 S. STATE ROAD 7, SUITE C
City-St-Zip: NORTH LAUDERDALE, FL 33068 US

Title: MGR () Delete
Name: THELUS, IDOLPHIN
Address: 1597 S. STATE ROAD 7, SUITE C
City-St-Zip: NORTH LAUDERDALE, FL 33068 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: MOISE TELUS

MGR

01/09/2009

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