

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L06000044514**

1. Entity Name  
**ALL AMERICAN ROOFING, LLC**



Principal Place of Business  
**6701 NW 50TH ST  
BETHANY, OK 73008**

Mailing Address  
**6701 NW 50TH ST  
BETHANY, OK 73008**



03032008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

|                                                           |                                          |
|-----------------------------------------------------------|------------------------------------------|
| 4. FEI Number<br><b>20-4796380</b>                        | Applied For<br>Not Applicable            |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional<br>Fee Required |

**6. Name and Address of Current Registered Agent**

**BUSINESS SUPPORT INC.  
417 STOWE AVE  
SUITE A  
ORANGE PARK, FL 32073**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

|                |                         |
|----------------|-------------------------|
| TITLE          | MGRM                    |
| NAME           | CAGLE, GERALD N         |
| STREET ADDRESS | 6512 SANDLEWOOD DRIVE   |
| CITY, ST, ZIP  | OKLAHOMA CITY, OK 73132 |

|                |                      |
|----------------|----------------------|
| TITLE          | MGRM                 |
| NAME           | DUKE, ROBERT C       |
| STREET ADDRESS | 12800 OAK HILL DRIVE |
| CITY, ST, ZIP  | PIEDMONT, OK 73078   |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY, ST, ZIP  |  |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY, ST, ZIP  |  |

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| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY, ST, ZIP  |  |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY, ST, ZIP  |  |

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**3/3/08 405.787.0400**

Date

Daytime Phone #