

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90117 041 ****50.00

DOCUMENT # L06000048266

1. Entity Name
ROOF BASIX, LLC



00001000

Principal Place of Business
11891 US HIGHWAY ONE
STE. 100
NORTH PALM BEACH, FL 33408

Mailing Address
11891 US HIGHWAY ONE
STE. 100
NORTH PALM BEACH, FL 33408

2. Principal Place of Business - No P.O. Box #
1000 N.W. 56th St
Suite, Apt. #, etc.

3. Mailing Address
1000 NW 56th St.
Suite, Apt. #, etc.



03262007 Chg-LLC CR2E083 (12/06)

City & State
Ft Lauderdale, FL
Zip 33309 Country Broward

City & State
Ft Lauderdale, FL
Zip 33309 Country Broward

4. FEI Number
20-4853297

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HACKNEY, ROBERT C ESQ.
11891 US HIGHWAY ONE
STE. 100
NORTH PALM BEACH, FL 33408

7. Name and Address of New Registered Agent

Name Robert C. Hackney, Esq.
Street Address (P.O. Box Number is Not Acceptable)
Moyle, Flanigan et al
625 N. Flagler Dr - 9th FL
City West Palm Bch FL Zip Code 33401

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 Robert C. Hackney 3/26/07
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MGR
STREET ADDRESS	Kris Laham
CITY - ST - ZIP	1000 NW 56 th St. Ft Lauderdale, FL 33309
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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: Robert C. Hackney 3/26/07 561-776-8600
Signature AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #