

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90084 010 ***138.75

DOCUMENT # L06000055993

1. Entity Name

EVERLAST METAL TILE ROOF LLC



Principal Place of Business

914 ANGLE
FORT PIERCE FL

Mailing Address

220 NE SAGAMORE TERRACE
PORT SAINT LUCIE FL 34983



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

P.O. BOX 12 875

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/07)

City & State

City & State
FORT PIERCE FLORIDA

4. FEI Number

20-4961518

Applied For

Not Applicable

Zip

Country

Zip

Country

34979-2875

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YOUNG & BACK CPAS

520 TUMBLIN KLINK

FORT PIERCE FL 34982

6837 South US1
Port St. Lucie FL
34952

Name

Young & Back CPAS

Street Address (P.O. Box Number is Not Acceptable)

6837 South US1

City

Port St Lucie

FL

Zip Code

34952

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

Arthur K. Ball

03-12-08

Signature, typed or printed name of registered agent and filed as applicable

(NOTE: Registered Agent signature required when remaining)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME MGRM
STREET ADDRESS TOIVOLA, JARMO
CITY- ST- ZIP 229 NE SAGAMORE TERRACE
PORT SAINT LUCIE FL 34983 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME MGRM
STREET ADDRESS TUKIAINEN, RISTO
CITY- ST- ZIP 128 NE TWYLITE TERRACE
PORT SAINT LUCIE FL 34983 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
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CITY- ST- ZIP ☐ Change ☐ Addition

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CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Risto Tukainen

RISTO TUKAINEN

03-12-08

772-460-8900

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

Date

Display P.O. #