2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
May 11, 2009
Secretary of State

DOCUMENT# L06000075727

Entity Name: AMERICAN CUSTOM BUILDERS & ROOFING, LLC

Current Principal Place of Business:

215 SW 40TH TERRACE
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

215 SW 40TH TERRACE
GAINESVILLE, FL 32607

New Mailing Address:

FEI Number: 37-1524425 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DION, FREDERICK J
215 SW 40TH TERRACE
GAINESVILLE, FL 32607 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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: DION, FREDERICK J
Address: 215 SW 40TH TERRACE
City-St-Zip: GAINESVILLE, FL 32607

Title: MGRM ( ) Delete
Name: DION, GREGORY F
Address: 957 DUPIN AVE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: MGRM ( ) Delete
Name: DION, ALICIA A
Address: 215 SW 40TH TERRACE
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: DION, KATHERINE A
Address: 215 SW 40TH TERRACE
City-St-Zip: GAINESVILLE, FL 32607

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: FREDERICK J DION MGR 05/11/2009

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