

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

JAN 26 2007

DOCUMENT # L06000082278

1. Entity Name

SOUTHWAY ROOFING, L.L.C.



FILED

07 MAY 17 PM 4:51

SECRETARY OF STATE



Principal Place of Business

Mailing Address

3225 NORTHEAST 14TH STREET
OCALA FL 34470

3225 NORTHEAST 14TH STREET
OCALA FL 34470

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

07

4. FEI Number

22-3941732

Applied For

Not Applicable

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

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

Name

Peter J. Zarcone

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

3225 NE 14th Street

City

Ocala

FL

Zip Code

34470

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)

3/7/7

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
MGR
ZARCONI, PETER
STREET ADDRESS
3225 NORTHEAST 14TH STREET
CITY- ST- ZIP
OCALA FL 34470 ☐ Delete

TITLE
NAME
MGR
Nicholas J. Robinson
STREET ADDRESS
67 Pine Trace Course
CITY- ST- ZIP
Ocala, FL 34472 ☐ Change ☒ Addition

TITLE
NAME
MGR
COLLAZO, JULIO
STREET ADDRESS
3225 NORTHEAST 14TH STREET
CITY- ST- ZIP
OCALA FL 34470 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
800103529638
05/30/07--01032--011 **200.00 ☐ Change ☒ Addition

TITLE
NAME
S
WHITE, BILLY
STREET ADDRESS
3225 NORTHEAST 14TH STREET
CITY- ST- ZIP
OCALA FL 34470 ☒ Delete

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

TITLE
NAME
T
ALLENDER, JOSH
STREET ADDRESS
3225 NORTHEAST 14TH STREET
CITY- ST- ZIP
OCALA FL 34470 ☒ Delete

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

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☐ Delete

TITLE
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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:

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

Peter J. Zarcone, Jr.

3/7/7

Date

(352) 629-9162

Daytime Phone #