

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

DOCUMENT # L06000082278

1. Entity Name

SOUTHWAY ROOFING, L.L.C.



APPROVED
AND
FILED

08 APR -2 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

2417 SE 58TH AVE.
OCALA FL 34471

Mailing Address

2417 SE 58TH AVE.
OCALA FL 34471

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

34480

Country

Zip

34480

Country

1st MOORE

CR2E083 (10/07)

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

ZARCONI, PETER J
3225 NORTHEAST 14TH STREET
OCALA FL 34470

Name

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

City

FL

Zip Code

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 re-registering)

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

TITLE ☒ Change ☐ Addition
NAME 2417 SE 58th Ave
STREET ADDRESS Ocala, FL 34480
CITY-ST-ZIP

TITLE MGR ☒ Delete
NAME ROBINSON, NICHOLAS J
STREET ADDRESS 67 PINE TRACE COURSE
CITY-ST-ZIP Ocala FL 34472

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 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: Peter J. Zarconi

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

Date

Daytime Phone #

(352) 624-9162