

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000084511

FILED
Jul 23, 2007
Secretary of State

Entity Name: ROOF DOCTORS X-PERTS, LLC

Current Principal Place of Business:

6600 STATE ROAD 16
ST. AUGUSTINE, FL 32092

New Principal Place of Business:

Current Mailing Address:

6600 STATE ROAD 16
ST. AUGUSTINE, FL 32092

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SARRIS, GUST G
3947 BOULEVARD CENTER DRIVE
SUITE 101
JACKSONVILLE, FL 32207 US

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: GUST G. SARRIS

07/23/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LEBRON LYLES, BENJAMIN
Address: 6600 STATE ROAD 16
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: MGR () Delete
Name: LYLES, LUTHER B
Address: 6600 STATE ROAD 16
City-St-Zip: ST. AUGUSTINE, FL 32092

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LYLES, BENJAMIN L
Address: 6600 STATE ROAD 16
City-St-Zip: ST. AUGUSTINE, FL 32092

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

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: BENJAMIN L. LYLES

MGR

07/23/2007

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