

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000084511

FILED
Apr 25, 2008
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: 20-5492784

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SARRIS, GUST G
3947 BOULEVARD CENTER DRIVE
SUITE 101
JACKSONVILLE, FL 32207 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: LYLES, BENJAMIN L
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, LUTHER B
Address: 6600 STATE ROAD 16
City-St-Zip: ST. AUGUSTINE, FL 32092

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

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: LUTHER B. LYLES

MGR

04/25/2008

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