2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 16, 2007 8:00 am
Secretary of State

04-12-2007 90183 014 ****50.00

DOCUMENT # L06000090976

1. Entity Name
PFINESSE, LLC

Principal Place of Business	Mailing Address
6444 50TH AVE N ST PETERSBURG, FL 33709 US	6444 50TH AVE N ST PETERSBURG, FL 33709 US

300071300

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

04042007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5556323 — 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
PFANNES, JEFFREY L 6444 50TH AVE N ST PETERSBURG, FL 33709	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 reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PFANNES, JEFFREY L 6044 50TH AVE N ST PETERSBURG, FL 33709	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME 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 Chapter 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: Jeffrey L Pfannes JEFFREY L. PFANNES 4/9/07 727-541-5906
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

ATTACHMENT

3000 7986

LO6000098976

20-5556323

Form SS-4 (Rev. December 2001) Department of the Treasury Internal Revenue Service	**Application for Employer Identification Number** (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.	EIN 20-5556323 OMB No. 1545-0003

1* Legal name of entity (or individual) for whom the EIN is being requested
PFINESSE LLC

2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name JEFFREY L PFANNES
4a* Mailing address (room, apt., suite no. and street, or P.O. box) 6444 50TH AVE N	5a Street address (if different) (Do not enter a P.O. box)
4b* City, state, and ZIP code ST PETERSBURG FL 33709 -	5b City, state, and ZIP code

6* County and state where principal business is located
County PINELLAS State FL

7a Name of principal officer, general partner, grantor, owner, or trustor	7b SSN, ITIN, EIN

8a* Type of entity (check only one)
- ☐ Sole Proprietor (SSN)
- ☐ Partnership
- ☐ Corporation (enter form number to be filed) ▶
- ☐ Personal Service
- ☐ Church or church-controlled organization
- ☐ Other nonprofit organization (specify) ▶
- ☑ Other (specify) ▶ LLC SOLE PROP
- ☐ Estate (SSN of decedent)
- ☐ Plan administrator (SSN)
- ☐ Trust (SSN of grantor)
- ☐ National Guard
- ☐ Farmers' cooperative
- ☐ REMIC
- Group Exemption NO. (GEN) ▶
- ☐ State/local government
- ☐ Federal government/military
- ☐ Indian tribal governments/enterprises

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State	Foreign country

9* Reason for applying (check only one)
- ☑ Started new business (specify type) ▶ ROOFING
- ☐ Hired employees (Check the box and see line 12)
- ☐ Compliance with IRS withholding regulations
- ☐ Other (specify) ▶
- ☐ Banking purpose (specify purpose) ▶
- ☐ Changed type of organization (specify new type) ▶
- ☐ Purchased going business
- ☐ Created a trust (specify type) ▶
- ☐ Created a pension plan (specify type) ▶

10* Date business started or acquired (month, day, year) SEP 18 2006	11 Closing month of accounting year DEC

12 First date wages or annuities were paid or will be paid (month, day, year) *Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)* ▶

13 Highest number of employees expected in the next twelve months *Note: If the applicant does not expect to have any employees during the period, enter "-0-"* ▶	Agriculture	Household	Other 0

14* Check box that best describes the principal activity of your business
- ☑ Construction
- ☐ Rental & leasing
- ☐ Transportation & warehousing
- ☐ Health care & social assistance
- ☐ Wholesale-agent/broker
- ☐ Real estate
- ☐ Manufacturing
- ☐ Finance & insurance
- ☐ Accommodation & food service
- ☐ Retail
- ☐ Wholesale-other
- ☐ Other (specify)

15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.
ROOF INSTALLATION AND ROOF REPAIR

16a* Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☑ No
Note: If "Yes" please complete lines 16b and 16c

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.
Legal name ▶
Trade name ▶

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (month, day, year)	City and state where filed	Previous EIN

Third Party Designee — Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form

Designee's name HARRY H RABB CPA	Designee's telephone number (include area code) (727) 725 - 4121
Address and ZIP code 935 MAIN ST STE D1 SAFETY HARBOR FL 34695 -	Designee's fax number (include area code) (727) 724 - 3318

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ JEFFREY L PFANNES	Applicant's telephone number (include area code) (317) 340 - 9607
Signature ▶ Not Required Date ▶ September 18, 2006 GMT	Applicant's fax number (include area code) ( ) -