

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

01-18-2008 90015 003 \*\*\*143.75

**DOCUMENT # L06000091686**

1. Entity Name  
**ROOFOREVER LLC**



Principal Place of Business  
**5862 NW MESA CIR  
PORT ST LUCIE, FL 34986**

Mailing Address  
**5862 NW MESA CIR  
PORT ST LUCIE, FL 34986**

**30001042**



2. Principal Place of Business - No P.O. Box #  
**3149 SW DIMATTIA SE**

3. Mailing Address  
**3149 SW DIMATTIA SE**

Suite, Apt. #, etc.

02282008 Chg-LLC CR2E083 (12/06)

City & State  
**PORT ST LUCIE FL**

City & State  
**PORT ST LUCIE FL**

Zip  
**34953**

Country  
**USA**

Zip  
**34953**

Country  
**USA**

4. FEI Number  
**56-2616054**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ULLOA, FRANCISCO  
5862 NW MESA CIRCLE  
PORT SAINT LUCIE, FL 34986**

7. Name and Address of New Registered Agent

Name  
**ULLOA, FRANCISCO**

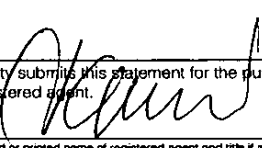
Street Address (P.O. Box Number is Not Acceptable)  
**3149 SW DIMATTIA SE**

City  
**PORT ST LUCIE**

FL

Zip Code  
**34953**

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  DATE **02/26/08**

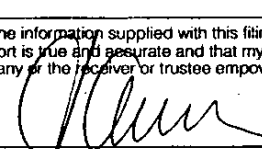
(NOTE: Registered Agent signature required when reinstating)

**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>ULLOA, FRANCISCO<br>5862 NW MESA CIR<br>PORT ST LUCIE, FL 34986 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>ULLOA, FRANCISCO<br>3149 SW DIMATTIA ST<br>PORT ST LUCIE FL 34953 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>MORALES, MARIA<br>5862 NW MESA CIRCLE<br>PORT SAINT LUCIE, FL 34986 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>MORALES, MARIA<br>3149 SW DIMATTIA SE<br>PORT ST LUCIE FL 34953 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>CARVAJAL, JORGE<br>1866 SHOWER TREE WAY.<br>WELLINGTON FL 33414 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:  **FRANCISCO ULLOA** DATE **02/26/08** **561-2941313**

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