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

30001042

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

02282008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3149 SW DIMATTIA ST	3149 SW DIMATTIA ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
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	7. Name and Address of New Registered Agent
ULLOA, FRANCISCO 5862 NW MESA CIRCLE PORT SAINT LUCIE, FL 34986	Name: ULLOA, FRANCISCO Street Address (P.O. Box Number is Not Acceptable): 3149 SW DIMATTIA ST 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 _____ 02/26/08.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ULLOA, FRANCISCO 5862 NW MESA CIR PORT ST LUCIE, FL 34986	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ULLOA, FRANCISCO. 3149 SW DIMATTIA ST. PORT ST LUCIE FL 34953.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MORALES, MARIA 5862 NW MESA CIRCLE PORT SAINT LUCIE, FL 34986	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MORALES, MARIA. 3149 SW DIMATTIA ST PORT ST LUCIE FL 34953	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CARVAJAL, JORGE 1866 SHOWER TREE WAY. WELLINGTON FL 33414.	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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
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.

561-2941313.

SIGNATURE: _____ FRANCISCO ULLOA 02/26/08. 561-2941313.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #