

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000093838

FILED
Jan 13, 2009
Secretary of State

Entity Name: D & K ENTERPRISE ROOFING L.C.

Current Principal Place of Business:

9452 NW 43 CT
SUNRISE, FL 33351 US

New Principal Place of Business:

9452 NW 43RD CT
SUNRISE, FL 33351 US

Current Mailing Address:

9452 NW 43 CT
SUNRISE, FL 33351 US

New Mailing Address:

9452 NW 43RD CT
SUNRISE, FL 33351 US

FEI Number: 20-8084823

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAUNDERS LENNOX, KAREEN L
9452 NW 43 CT
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

ALL FLORIDA FIRM, INC
813 DELTONA BLVD STE A
BOX 1379130
DELTONA, FL 32725 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: CHRISTINA CLARK FOR ALL FLORIDA FIRM, INC

01/13/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SAUNDERS LENNOX, KAREEN L
Address: 9452 NW 43 CT
City-St-Zip: SUNRISE, FL 33312 US

Title: MGR () Delete
Name: LENNOX, DONOVAN R SR
Address: 9452 NW 43 CT
City-St-Zip: SUNRISE, FL 33351 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LENNOX, KAREEN L
Address: 9452 NW 43 CT
City-St-Zip: SUNRISE, FL 33312 US

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: CHRISTINA CLARK FOR DONOVAN LENNOX

MGR

01/13/2009

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