



FILED
May 27, 2008 8:00 am
Secretary of State

05-01-2008 90018 049 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000027864			
1. Entity Name NEEDHAM'S QUALITY ROOFING, LLC.			
Principal Place of Business 7600 GREAT OAK DRIVE LAKE WORTH, FL 33467		Mailing Address 7600 GREAT OAK DRIVE LAKE WORTH, FL 33467	
2. Principal Place of Business - No P.O. Box # 8126 Rose Marie Ave W		3. Mailing Address 8126 Rose Marie Ave W	
Suits, Apt. #, etc.		Suits, Apt. #, etc.	
City & State Boynton Beach		City & State Boynton Beach	
Zip 33472		Zip 33472	
Country US		Country US	
4. Filing Number 30-0168860		Applicable or Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
5. Name and Address of Current Registered Agent NEEDHAM, RANDY 7600 GREAT OAK DRIVE LAKE WORTH, FL 33467		7. Name and Address of New Registered Agent	
Name		Name	
Street Address, (P.O. Box Number is Not Acceptable)		Street Address, (P.O. Box Number is Not Acceptable)	
City		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 _____ DATE _____ <small>Signature required for principal place of business agent and fee if applicable. (No Filing Agent signature required when not applicable)</small>			
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 NEEDHAM, RANDY 7600 GREAT OAK DRIVE LAKE WORTH, FL 33467 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8126 Rose Marie Ave W <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Boynton Beach, FL 33472
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: 		Date: 4-30-08 08:44/1805	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE		Date	