


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2008 8:00 am
Secretary of State

03-25-2008 90083 040 ***140.75

| | |
|---|---|
| DOCUMENT # L07000059630 |  |
| 1. Entity Name AMERICA'S CHOICE ROOFING FL, LLC | |

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|---|---|
| Principal Place of Business 2800 EAST SUNRISE BOULEVARD, #19F FORT LAUDERDALE, FL 33304 | Mailing Address 2100 FAWKES LN. ROANOKE, TX 76262 |
|---|---|

60017011



| | | | |
|--|---------|---------------------|---------|
| 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 |

03192008 Chg-LLC CR2E083 (12/06)

| | |
|------------------------------------|--|
| 4. FEI Number 22-3964829 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required |
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|--|--|
| 6. Name and Address of Current Registered Agent | |
| SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 | |

| | |
|--|----------|
| 7. Name and Address of New Registered Agent | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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|---|--|
| 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 | MGR GRUBBS, JARED 2800 EAST SUNRISE BOULEVARD, #19F FORT LAUDERDALE, FL 33304 <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 | MGR HOLLINGSWORTH, JUDY 2800 EAST SUNRISE BOULEVARD, #19F FORT LAUDERDALE, FL 33304 <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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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:  | JARED GRUBBS | 3/20/08 | 817-929-4989 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | Date | Daytime Phone # |