

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 04, 2008 8:00 am
Secretary of State

05-06-2008 90007 019 ***143.75

DOCUMENT # L07000065990 1. Entity Name GENERAL ROOFING COMPANY LLC					
Principal Place of Business 8914 EL PORTAL DR TAMPA, FL 33604			Mailing Address 8914 EL PORTAL DR TAMPA, FL 33604		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 26-0406565	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required				Applied For - ☐ Not Applicable	
6. Name and Address of Current Registered Agent ORTIZ, WILLIAM D JR 8914 EL PORTAL DR TAMPA, FL 33604			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 <i>William Ortiz</i> Signature of principal, registered agent, or authorized representative			DATE 3/3/08 NOTE: Registered Agent signature required when reappointing		
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 ORTIZ, WILLIAM D JR 8914 EL PORTAL DR TAMPA, FL 33604	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition				
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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.					
SIGNATURE: <i>William Ortiz</i> SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			DATE 3/3/08 813-610-3883 Daytime Phone #		

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