

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000072795

Entity Name: GLADES ROOFING, LLC

FILED
Mar 12, 2009
Secretary of State

Current Principal Place of Business:

424 DR. MARTIN LUTHER KING BLVD.
BELLE GLADE, FL 33430

New Principal Place of Business:

Current Mailing Address:

424 DR. MARTIN LUTHER KING BLVD.
BELLE GLADE, FL 33430

New Mailing Address:

FEI Number: 26-1615127

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAXTER, KAYE-ANN
5220 S. UNIVERSITY DRIVE, STE C-110
DAVIE, FL 33328 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WILSON, CARL A
Address: 424 DR. MARTIN LUTHER KING BLVD.
City-St-Zip: BELLE GLADE, FL 33430

Title: MGRM () Delete
Name: PALMER, BRUCE C
Address: 424 DR. MARTIN LUTHER KING BLVD.
City-St-Zip: BELLE GLADE, FL 33430

Title: MGRM () Delete
Name: BROWN, DUDLEY A
Address: 424 DR. MARTIN LUTHER KING BLVD.
City-St-Zip: BELLE GLADE, FL 33430

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CARL A WILSON

MGRM

03/12/2009

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