

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000083090

Entity Name: ARMONDI ROOFING, LLC

FILED
Apr 28, 2008
Secretary of State

Current Principal Place of Business:

1829 HOWELL WILLIAMS RD
BONIFAY, FL 32425

New Principal Place of Business:

Current Mailing Address:

1829 HOWELL WILLIAMS RD
BONIFAY, FL 32425

New Mailing Address:

FEI Number: 87-0809375

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ARMONDI, STEWART KEITH
1829 HOWELL WILLIAMS RD
BONIFAY, FL 32425 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: ARMONDI, STEWART KEITH
Address: 1829 HOWELL WILLIAMS RD
City-St-Zip: BONIFAY, FL 32425

Title: MGRM () Delete
Name: ARMONDI, LISA ANN
Address: 1829 HOWELL WILLIAMS RD
City-St-Zip: BONIFAY, FL 32425

ADDITIONS/CHANGES:

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: LISA ANN ARMONDI

MGRM

04/28/2008

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