

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000083090

Entity Name: ARMONDI ROOFING, LLC

FILED  
Apr 30, 2009  
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 ( )

**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

04/30/2009

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