

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000113833

**FILED**  
**Oct 30, 2008**  
**Secretary of State**

**Entity Name:** INDEPENDENT ROOFING CONSULTANTS, LLC

**Current Principal Place of Business:**

3720 17TH AVE. SW  
NAPLES, FL 34117 US

**New Principal Place of Business:**

**Current Mailing Address:**

3720 17TH AVE. SW  
NAPLES, FL 34117 US

**New Mailing Address:**

P.O. BOX 475  
NAPLES, FL 34106 US

FEI Number: 56-2650812      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

GIVENS, JOSE R  
3720 17TH AVE. SW  
NAPLES, FL 34117 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: JOSE R GIVENS

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GIVENS, JOSE R  
Address: 3720 17TH AVE. SW  
City-St-Zip: NAPLES, FL 34117 US

**ADDITIONS/CHANGES:**

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: JOSE R GIVENS

MGR

10/30/2008

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