

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000116573

FILED
Feb 06, 2008
Secretary of State

Entity Name: ADVANCED ROOFING & WATERPROOFING, LLC

Current Principal Place of Business:

310 DOLPHIN ST.
GULF BREEZE, FL 32561 US

New Principal Place of Business:

698 E. HEINBERG ST., SUITE 108
PENSACOLA, FL 32502 US

Current Mailing Address:

310 DOLPHIN ST.
GULF BREEZE, FL 32561 US

New Mailing Address:

FEI Number: 75-3261771 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WHARTON, THOMAS R
310 DOLPHIN ST.
GULF BREEZE, FL 32561 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: WHARTON, THOMAS R
Address: 310 DOLPHIN ST.
City-St-Zip: GULF BREEZE, FL 32561 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGRM () Change (X) Addition
Name: WOODY, BRENNAN P
Address: 698 E. HEINBERG ST., SUITE 108
City-St-Zip: PENSACOLA, FL 32502

Title: MGRM () Change (X) Addition
Name: VALDEZ, CESAR
Address: 698 E. HEINBERG ST., SUITE 108
City-St-Zip: PENSACOLA, FL 32502

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: THOMAS R WHARTON

RA

02/06/2008

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