

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000087150

FILED
Apr 08, 2009
Secretary of State

Entity Name: COLLIER COUNTY ROOFING, LLC

Current Principal Place of Business:

8090 SUPPLY DRIVE
FORT MYERS, FL 33912 US

New Principal Place of Business:

Current Mailing Address:

8090 SUPPLY DRIVE
FORT MYERS, FL 33912 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COSTELLO, TRUMAN J
12670 NEW BRITTANY BOULEVARD
#101
FORT MYERS, FL 33907 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: NICHOLAS, MITCHELL B
Address: 445 DOCKSIDE DRIVE #701
City-St-Zip: NAPLES, FL 34110

Title: MGRM () Delete
Name: OTEY, E. S
Address: 5290 HICKORYWOOD DRIVE
City-St-Zip: NAPLES, FL 34110

Title: MGRM () Delete
Name: SWINK, SCOTT L
Address: 4120 SE 20TH AVENUE
City-St-Zip: CAPE CORAL, FL 33990

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: MITCHELL NICHOLAS

MGRM

04/08/2009

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