

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000091541

FILED
Jan 15, 2009
Secretary of State

Entity Name: BARRIER URETHANE ROOFING, LLC

Current Principal Place of Business:

18116 CUTLASS DRIVE
FORT MYERS BEACH, FL 33917 US

New Principal Place of Business:

18116 CUTLASS DRIVE
FORT MYERS BEACH, FL 33931 US

Current Mailing Address:

18116 CUTLASS DRIVE
FORT MYERS BEACH, FL 33917 US

New Mailing Address:

18116 CUTLASS DRIVE
FORT MYERS BEACH, FL 33931 US

FEI Number: 26-3442418

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOMPKINS, BONNIE
209 LOWELL AVENUE
NORTH FORT MYERS, FL 33917 US

Name and Address of New Registered Agent:

MENARD, RONALD
18116 CUTLASS DR
FORT MYERS BEACH, FL 33931 US

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: RONALD A MENARD

01/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TOMPKINS, WILLIAM R
Address: 18116 CUTLASS DR
City-St-Zip: FORT MYERS BEACH, FL 33931 US

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

ADDITIONS/CHANGES:

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

Title: MGRM () Change (X) Addition
Name: MENARD, RONALD A
Address: 18116 CUTLASS DR
City-St-Zip: FT MYERS BEACH, FL 33931 LE

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: RONALD A. MENARD

MGRM

01/15/2009

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