

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000069033

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** GULFSTATES ROOFING, LLC.

**Current Principal Place of Business:**

7222 WASHINGTON STREET  
NEW PORT RICHEY, FL 34652 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 3756  
HOLIDAY, FL 34690 US

**New Mailing Address:**

**FEI Number:** 27-2944019

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

TSAMBIS, KONSTANTINOS  
7222 WASHINGTON STREET  
NEW PORT RICHEY, FL 34652 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  
**Name:** TSAMBIS, KONSTANTINOS  
**Address:** 7222 WASHINGTON STREET  
**City-St-Zip:** NEW PORT RICHEY, FL 34652

**Title:** MGR  
**Name:** TSAMBIS, CHARLES C  
**Address:** 7222 WASHINGTON STREET  
**City-St-Zip:** NEW PORT RICHEY, FL 34652

I hereby 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:** KONSTANTINOS C. TSAMBIS

MGR

01/05/2011

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