

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000037599

**FILED**  
**Mar 29, 2012**  
**Secretary of State**

**Entity Name:** GULF COAST FLORIDA ROOFING LLC

**Current Principal Place of Business:**

141 SHOEMAKER DR.  
DEFUNIAK SPRINGS, FL 32433

**New Principal Place of Business:**

**Current Mailing Address:**

141 SHOEMAKER DR.  
DEFUNIAK SPRINGS, FL 32433

**New Mailing Address:**

P.O. BOX 266  
DEFUNIAK SPRINGS, FL 32435

**FEI Number:** 54-0654476

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CARTER, BLON A  
141 SHOEMAKER DR.  
DEFUNIAK SPRINGS, FL 32433 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: MR  
Name: CARTER, BLON A  
Address: P.O. BOX 266  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

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: BLON CARTER

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03/29/2012

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