

120 0000 312490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

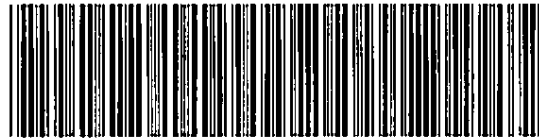
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2021 MAY 27 AM 11:29

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: STORM PROOF ROOFING SYSTEMS, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JEFFREY S. CRABTREE  
Name of Person

WINKEL CONSTRUCTION INC  
Firm/Company

1919 W. MAIN ST.  
Address

INVERNESS, FL 34452  
City/State and Zip Code

bookkeeping@winkel-construction.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEFFREY S. CRABTREE at ( 352 ) 860-6500  
Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

*Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

- KISSIMEE . FL 3474

Signature of Registered Agent

INHSIS (2/14)