

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000004537

FILED  
Mar 29, 2005  
Secretary of State

Entity Name: APPLIED ROOFING TECHNOLOGIES, LLC

**Current Principal Place of Business:**

11125 PARK BLVD., 104-131  
SEMINOLE, FL 33772

**New Principal Place of Business:**

**Current Mailing Address:**

11125 PARK BLVD., 104-131  
SEMINOLE, FL 33772

**New Mailing Address:**

FEI Number: 59-3625219

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GUMM, L. MICHAEL  
11273 121ST TERRACE  
LARGO, FL 33772 US

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

GUMM, L. MICHAEL  
11273 121ST TERR  
LARGO, FL 33778 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:

03/29/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: GUMM, L. MICHAEL  
Address: 11273 121ST TERRACE  
City-St-Zip: LARGO, FL 33778

Title: MGRM (X) Delete  
Name: GUMM, VICTORIA S  
Address: 11273 121ST TERRACE  
City-St-Zip: LARGO, FL 33778

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: GUMM, L. MICHAEL  
Address: 11125 PARK BLVD SUITE 104-131  
City-St-Zip: SEMINOLE, FL 33772

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MICHAEL GUMM

PRES

03/29/2005

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