

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90357 050 *****50.00

DOCUMENT # M01000002344

1. Entity Name

HI - R INSULATING ROOF DESIGNS, L.L.C.

Principal Place of Business

**3201 TULIP CT
MARRERO LA 70072**

Mailing Address

**3201 TULIP CT
MARRERO LA 70072****909951**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

72-1512683

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**EASTBURN, BRIAN
1715 CRESTVIEW DR
MOUNT DORA FL 32757**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
DAVENPORT, PAUL E
3201 TULIP CT
MARRERO LA 70072** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
EASTBURN, BRIAN
1715 CRESTVIEW DR
MOUNT DORA FL 32756** ☐ DeleteTITLE
NAME
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☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ AdditionTITLE
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CITY - ST - ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE REQUIRED
DAVENPORT, PAUL E**1/17/02**

Date

(504)**347-8819**

Daytime Phone #

CP2E083 (9/01)