

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 22, 2008 8:00 am**  
**Secretary of State**

07-22-2008 90026 034 \*\*\*538.75

**DOCUMENT # M06000004356**

1. Entity Name  
ROOFING SUPPLY GROUP ORLANDO, LLC



Principal Place of Business  
2300 PRINCIPAL ROW, STE 101  
ORLANDO, FL 32837

Mailing Address  
3890 W. NORTHWEST HWY.  
SUITE 400  
DALLAS, TX 75220

**50008789**



07082008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1793153	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fec Required

**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$538.75**  
**Due by September 12, 2008**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	ROOFING SUPPLY GROUP, LLC
STREET ADDRESS	3890 W. NORTHWEST HWY., STE. 400
CITY-ST-ZIP	DALLAS, TX 75220
TITLE	MANAGER
NAME	DARREN BREAUX
STREET ADDRESS	2300 PRINCIPAL ROW, SUITE 101
CITY-ST-ZIP	ORLANDO, FL 32837
TITLE	CEO
NAME	VIN PERELLA
STREET ADDRESS	3890 W. NORTHWEST HWY, #400
CITY-ST-ZIP	DALLAS, TX 75220
TITLE	CFO
NAME	MIKE FARRELL
STREET ADDRESS	3890 W. NORTHWEST HWY, #400
CITY-ST-ZIP	DALLAS, TX 75220
TITLE	VP-FINANCE, SEC
NAME	CECILIA DAVENPORT
STREET ADDRESS	3890 W. NORTHWEST HWY, #400
CITY-ST-ZIP	DALLAS, TX 75220
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

*Jan Black*

TAX MANAGER

7/8/08

214-956-5163

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

Date

Daytime Phone #