

MD9000002017

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

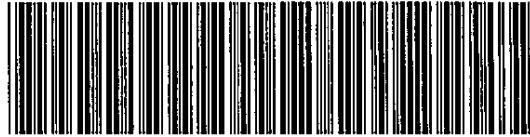
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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AUG 09 2016

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TRI STATE ROOFING AND GENERAL CONTRACTORS LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Oliver Fugmann

Name of Person

TRI STATE ROOFING AND GENERAL CONTRACTORS LLC

Firm/Company

279 Truck and Trailer Way

Address

West Palm Beach, FL 33413

City/State and Zip Code

tristatetx@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Oliver Fugmann

Name of Person

at ( 561 ) 2224099

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

**SECTION 1 (1-4 must be completed)**

State: **Texas**

Enter new principal office address, if applicable: N/A

**(Mailing address**  
**MAY BE A POST OFFICE BOX)**

2. The Florida document number of this limited liability company is: M09000002017

3. Jurisdiction of its organization: Texas

4. Date authorized to do business in Florida: 05.29.2016

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: N/A  
(must contain "Limited Liability Company," "LLC," or "LLP")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Oliver Fugmann

New Registered Office Address: **279 Truck and Trailer Way**

Enter Florida Street Address

**West Palm Beach**, Florida **33413**  
*City* *Zip Code*

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

N/A

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Roger Mills is no longer an owner or MGRM of TRI STATE ROOFING AND GENERAL CONTRACTORS LLC

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Oliver Fugmann</u>	<u>279 Truck and Trailer Way, West Palm Beach, FL 33413</u>	<input checked="" type="checkbox"/> Add
		<u>609 SEA PINE WAY STE G2 WEST PALM BEACH, FL 33415</u>	<input checked="" type="checkbox"/> Remove
<u>MGRM</u>	<u>Roger Mills</u>	<u></u>	<input type="checkbox"/> Add
		<u>12810 Orange Grove Blvd ROYAL PALM BEACH, FL 33411</u>	<input checked="" type="checkbox"/> Remove
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the  
aforementioned amendment(s), duly authenticated by the official having custody of records in the  
jurisdiction under the law of which this entity is organized.

  
Signature of the authorized representative

Oliver Fugmann

Typed or printed name of signee

Filing Fee: \$25.00