

M23000015758

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

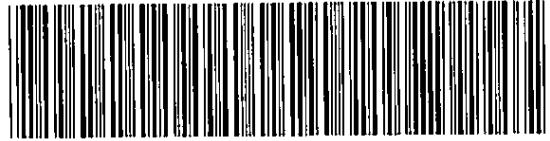
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
JUN 20 2024

Office Use Only



900429640579

FILED

2024 JUN 19 PM 12:23

RECEIVED

2024 JUN 19 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA





CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext:

To: Department Of State, Division Of Corporations
From: Shauna Godbolt
Ext:
Date: 06/19/24
Order #: 1540316-1
Re: Roofing Services Solutions, LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:

I20000000195

AUTH

A handwritten signature in black ink, appearing to read 'Shauna Godbolt', is written over the word 'AUTH'.

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Roofing Services Solutions, 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:

Catherine Hunter

Name of Person

Polsinelli, P.C.

Firm/Company

150 N. RIVERSIDE PLAZA, SUITE 3000

Address

CHICAGO, IL 60606-1599

City/State and Zip Code

chunter@polsinelli.com

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

For further information concerning this matter, please call:

Catherine Hunter

at (312) 873.2952

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 ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

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)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CEO	Greg Noland	1295 W Hwy 50, Clermont, FL 34711	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
CEO	Roy Ritenour	1295 W Hwy 50, Clermont, FL 34711	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
Vice President	Greg Noland	1295 W Hwy 50, Clermont, FL 34711	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<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.

/s/ Roy Ritenour

Signature of the authorized representative

Roy Ritenour

Typed or printed name of signee

Filing Fee: \$25.00

AMEND-14136

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