2022 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Mar 07, 2022
Secretary of State
7331541295CC

DOCUMENT# L06000028384

Entity Name: EAGLE ROOFING PRODUCTS FLORIDA LLC

Current Principal Place of Business:

1575 EAST CR 470
SUMTERVILLE, FL 33585

Current Mailing Address:

3546 N RIVERSIDE AVE
RIALTO, CA 92377 US

FEI Number: 20-4513025

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TORCAT MALLEN, VICTOR
1575 EAST CR 470
SUMTERVILLE, FL 33585 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: VICTOR TORCAT MALLEN 03/07/2022

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MANAGER
Name	BURLINGAME, ROBERT C
Address	3546 N RIVERSIDE AVE
City-State-Zip:	RIALTO CA 92377

Title	AUTHORIZED MEMBER, VICE PRESIDENT
Name	BURLINGAME, KEVIN C
Address	3546 N RIVERSIDE AVE
City-State-Zip:	RIALTO CA 92377

Title	AUTHORIZED MEMBER
Name	SCHREIBER, BRIAN P
Address	BOX 38, STATE ROAD 349 NORTH
City-State-Zip:	OLD TOWN FL 32680

Title	AUTHORIZED REPRESENTATIVE
Name	VASQUEZ, ERIN E.
Address	3546 N RIVERSIDE AVE
City-State-Zip:	RIALTO CA 92377

Title	AUTHORIZED MEMBER, PRESIDENT, CEO
Name	BURLINGAME, SEAMUS P
Address	3546 N RIVERSIDE AVE
City-State-Zip:	RIALTO CA 92377

Title	AUTHORIZED MEMBER
Name	ANDERSON, JOE HIII
Address	BOX 38, STATE ROAD 349 NORTH
City-State-Zip:	OLD TOWN FL 32680

Title	AUTHORIZED MEMBER
Name	ANDERSON, MARION D
Address	BOX 38, STATE ROAD 349 NORTH
City-State-Zip:	OLD TOWN FL 32680

Title	MANAGER
Name	TORCAT MALLEN, VICTOR
Address	1575 EAST CR 470
City-State-Zip:	SUMTERVILLE FL 33585

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I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: VICTOR TORCAT MALLEN MANAGER, AGENT 03/07/2022

Electronic Signature of Signing Authorized Person(s) Detail — Date

Authorized Person(s) Detail Continued :

Title	CFO
Name	DUQUETTE, RICHARD
Address	3546 N RIVERSIDE AVE
City-State-Zip:	RIALTO CA 92377

Title	AUTHORIZED REPRESENTATIVE
Name	SCHNEIDER, CHARLES
Address	1575 EAST CR 470
City-State-Zip:	SUMTERVILLE FL 33585

Title	AUTHORIZED REPRESENTATIVE
Name	FOO, ALBERT
Address	3546 N RIVERSIDE AVE
City-State-Zip:	RIALTO CA 92377

Title	AUTHORIZED REPRESENTATIVE
Name	SALDATE, STEVE
Address	1575 EAST CR 470
City-State-Zip:	SUMTERVILLE FL 33585