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: DALE E. EBY

Electronic Signature of Signing Authorized Person(s) Detail

**Current Principal Place of Business:** 

2015 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

1600 NE 12TH TERRACE FORT LAUDERDALE, FL 33305

DOCUMENT# L11000062260

#### **Current Mailing Address:**

1600 NE 12TH TERRACE FORT LAUDERDALE, FL 33305 US

### FEI Number: 45-2411210

## Name and Address of Current Registered Agent:

WRIGHT, FULFORD, MOORHEAD & BROWN PA % D. FRANK WRIGHT, ESQ 505 MAITLAND AVENUE, STE. 1000 ALTAMONTE SPRINGS, FL 32701 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:

Electronic Signature of Registered Agent

# Authorized Person(s) Detail :

Authorized Person(s) Detail.						
Title	MGRM	Title	Р			
Name	WALLICK, GREGG E	Name	WALLICK, GREGG E			
Address	1600 NE 12TH TERRACE	Address	1600 NE 12TH TERRACE			
City-State-Zip:	FORT LAUDERDALE FL 33305	City-State-Zip:	FORT LAUDERDALE FL 33305			
Title	VP	Title	VP			
Name	EBY, DALE E	Name	FULLER, TIMOTHY			
Name Address	EBY, DALE E 1600 NE 12TH TERRACE	Name Address	FULLER, TIMOTHY 1600 NE 12TH TERRACE			
	,					

VICE PRESIDENT

09/10/2015

FILED Sep 10, 2015 Secretary of State CC5145956409

Certificate of Status Desired: No

Entity Name: BEST ROOFING SERVICES LLC

Date

Date