

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000062260

Entity Name: BEST ROOFING SERVICES LLC**Current Principal Place of Business:**1600 NE 12TH TERRACE
FORT LAUDERDALE, FL 33305**Current Mailing Address:**1600 NE 12TH TERRACE
FORT LAUDERDALE, FL 33305 US**FEI Number:** 45-2411210**Certificate of Status Desired:** No**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

Date

Authorized Person(s) Detail :

Title	MGRM
Name	WALLICK, GREGG E
Address	1600 NE 12TH TERRACE
City-State-Zip:	FORT LAUDERDALE FL 33305

Title	P
Name	WALLICK, GREGG E
Address	1600 NE 12TH TERRACE
City-State-Zip:	FORT LAUDERDALE FL 33305

Title	VP
Name	EBY, DALE E
Address	1600 NE 12TH TERRACE
City-State-Zip:	FORT LAUDERDALE FL 33305

Title	VP
Name	FULLER, TIMOTHY
Address	1600 NE 12TH TERRACE
City-State-Zip:	FORT LAUDERDALE FL 33305

Title	VP
Name	LOWE, KATHLEEN M
Address	1600 NE 12TH TERRACE
City-State-Zip:	FORT LAUDERDALE FL 33305

Title	VP
Name	WALLICK, ZACHARY G
Address	1600 NE 12TH TERRACE
City-State-Zip:	FORT LAUDERDALE FL 33305

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

VICE PRESIDENT

03/02/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date